BALTIMORE, MARYLAND 21215-0020	hin a nours after death. Page 6 may be retained by the parakor attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be Delacked for use as the burial-transit permit. Pages 1, 3	mation, or removal.	t the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wours after death. Page 6 may be retained by the application attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
1	1. DECEDENT'S NAME (First, Middle, Lest)  Parties  2. DATE OF DEATH MONTH  DAY  9 SAR  2. 50 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) (Country)
	266-24-6267 1 M 2 F TO YRS. MONTHS DAYS HOURS MIN. (MONTH, DBY, 1987) GA.  98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
OR	INNS OF EVERGREEN NW BAHIMORE
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	1 ■ YES 2 □ NO  100. STREET AND NUMBER  100. STREET AND NUMBER
FUNERAL	2525W. Belvedere Ave 21215 USA
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1   YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Martican, Puerto Rican, etc.)  14. RACE — American Indian, If yes, appecify Cuben, Martican, Puerto Rican, etc.)  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, appecify Cuben, Martican, Puerto Rican, etc.)  16. Yes 2 La. MO Specify:  17. Yes 2 La. MO Specify:  18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, appecify Cuben, Martican, Puerto Rican, etc.)
D BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION  16. DECEDENT'S USUAL OCCUPATION  16. KIND OF BUSINESS/INDUSTRY
ETE	(Specify only highest grade completed)  [Give limit of work done during most of working life. Do NOT use retired.]  [Give limit of work done during most of working life. Do NOT use retired.]
COMPLETED	18. MOTHER'S NAME (First, Middle, Libst)
BE C	John Lamb Lucy caldwell
2	190 INFORMANT'S MAME (TyperPrint) COLKIEY 190 MAILING ADDRESS (Street and Number or Flural Reproductions, City or pown, Stelle, 1210 Code) Malling ADDRESS (Street and Number or Flural Reproductions). Date of the State of the S
	20e, METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Removal from State  1 DATE 20c. LOG TION - City or Town, State
	21. SIGNATURE OF FINNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY
	Tala March 4300 wabash are
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Death
	disease or condition resulting in death)  a. Outque Rain Syndrome (Deman 14)
7	DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERIVING
LIFIC	CAUSE (Disease or Injury that Initiated events DUE TO (DR AS A CONSEQUENCE OF):
CER	resulting in death) LAST
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PROFINORS PROFINED?  AMALABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	1   YES 2   NO OF DEATH? 1   YES 2   NO
AN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
PHYSICIAN:	EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Inpetient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  26s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED
ED BY	2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicide 6 Could not be determined
COMPLETED	29a. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
SOME	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.
BE	296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER
10	30. NAME AND AD HELD OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Liver Hoffleman 1777 Rusterstown Col # 365
	31. DATE FILED (Morth, Day, Your) 32. REGISTRAR'S SIGNATURE AUG 1993 Fulia Davidson Randose
	11104 - 1000 K.C. K.

1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Las	*				2. DATE OF DEATH	AY 1	VEAD 3	. TIME OF DEATN
GLORIA MAE	ROHE				7 31		93	
4. SOCIAL SECURITY NUMBER 213-28-8923	1 □ M 2 🖎 F 6	(In yra. lest birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-1-1930		Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, giv 3213 Putty Hill		LITE	96. CITY, TOWN C	TON	EATH	sc. COUNT Bal	timo	
RESIDENCE OF DECEDENT  10a. STATE  10b. COU		10c. CITY	r, TOWN OR LOCAT				1	0d. INSIDE CITY LIMITS?
	Baltimore		Fuller					☐ YES XX NO
3213 Putty Hill			101	21234			USA	AT COUNTRY?
11. MARITAL STATUS  1 Never Married X2XX Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	s XXNO	If yes, sp		NIC ORIGIN? (Specify Yei in, Puarto Rican, etc.) y:	s or No—	4. RACE - Black, Specify:	
15. DECEDENT'S El (Specify only highest gra	de completed)	16e. DECEDENT'S (Give kind of w life. Do NOT us	vork done durina mo	ON st of working	16b. KIND OF BU	SINESS/INDUS	STRY	White
Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)	House				making		
17. FATNER'S NAME (First, Middle, Last) Henry Gray McLau	ghlin	2 14 2		Louise	ME (First, Middle, Melden Diegert			
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
Mr. Raymond L. F	Rohe, Sr.	3213	Putty Ha	.11 Avenu	Je Balti	more,	Md.	21234
20s. METNOD OF DISPOSITION  1  Burial 2  Cremation 3 Re 4 Donation 8 Other (Specify)	moval from Stata Co	b. PLACE AND DATE Of	ther plecel			CATION — CH	-	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Parkwood	22. NAME A	ID ADDRESS OF FA	4-1993 Ra	Ltimor	e, N	lary Land
Hassel 7.	. emplose				ral Home			
23. PART I. Enter the diseases, D	r complications that cause	ed the death Do n			Rd. Baltim			Approximata
iMMEDIATE CAUSE (Final disease or condition resulting in death)	0	c arrest	n:					Onset and Das
Sequentially list conditions,	Cardia	c Dysrhyt	hmia					
If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury		oscleroti		disease				
that initiated events resulting in death) LAST		c Obstruc		lmonary I	Disease			
PART II. Other eignificant condition Hyperlipoprof		but not reaulting l	n the underlying	cause given in	Part I. 24a. WAS AN PERFOI 1 YES 2	RMED?	6	VERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?
							1	TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	tpatient 3 🗆 DOA	OTHER:		8 Other (Specify)			
27. MANNER OF DEATN	28a. DATE OF INJURY	20b. TIMI	E OF 28c, INJ	URY AT	28d. DESCRIBE NOW	NJURY OCCU	RED	ACI
1 Natural 5 Pending 2 Accident investigation			M 1 .	RK? /ES 2 NO				1.22
3 Suicide 8 Could not to determined	28a. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, s lecify)	Rreet, factory, offic		281. LOCATION (Street City or Town, State)	and Number or )	Rural Ro	ute Number,
	YSICIAN: To the best of my kno NER: On the besia of axaminati							and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	ien/			29c. LICENSE NUI	MBER	29d. DATE S	SIDNEO (	Wonth, Day, Year)
30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF C	enie, a	W)	ひ るみ	633	► 8	7-2-	93
Jorge C. Secada Dr. Gorge Secada	Loyion Miller	Dr. (St.	Jos. Pa	of. Bld	g.) Suite	(82 204 To	28-53 wsor	323) n., Md.
31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S SIG	INATURE						1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020
the forest. Page 6 may be retained by the brooked. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - FOR STATE REGISTRAR		STATE OF MA			MENT OF H		MENT	AL HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Midd	le, Last)						2. DAT	E OF DEATH			3. TIME OF DEATH
EMMA	С.		ROGE	RS			MON.		993	YEAR	5:55A M
4. SOCIAL SECURITY NUMBER			AGE (In yrs. le		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH	T	a. BIRTH	PLACE (State or Foreign
232-26-3376		□ M 2 1 F	8 1	YRS.	DAYS DAYS	HOURS MIN.	Mar	26 191	2	WV	"
9e. FACILITY NAME (If not institution						R LOCATION OF D			9c. COUN	ITY OF D	
Memorial Hospi		Medical	Cente	r	Cumb	erland			A]	L1ega	any
RESIDENCE OF DECEDE  10e. STATE 10b.	COUNTY			I too CITY T	OWN OR LOCAT	TON					40.4 11/01/05 01/01
WV		eral		Key		ION				l	10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	FILL	erar		Rey		. ZIP CODE			40 - O(T)	7511 05 11	1 YES 2 NO
HC 84 Box	92						6726			S.A.	MAI COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Marrie		. WAS DECEDENT ET	VER IN U.S. AF	RMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIG	IN? (Specify Yea	or No-	14. RACE	— American Indian,
3 Widowed 4 Divorced	•d	IF YES, GIVE WAR				2 X NO Speci		rsecun, etc.)		Speci	ly:
15. DECEDEN	T'S EDUCAT	ION	160 0	AFAFNTIA IIA	UAL OCCUPATION				1		hite
(Specify only highe	esi grade con	npleted)	(0	live kind of world Do NOT use n	done during mo	on at of working	16	b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	,	College (1-4 or 5+)		Homem	•			Own Ho	me		
17. FATHER'S NAME (First, Middle,	Last)			1101110111	arre r	18. MOTHER'S NA	ME /First				
	av					Sall		Thompso			
19a. INFORMANT'S NAME (Type/Pri	J		19	b. MAILING AD	DRESS (Street a	nd Number or Rural				Codel	
Elmer Raymond	Roge	rs				TO THE THE		ser, WV		726	
299. METHOD OF DISPOSITION			20b PLACE	ANDOATEGE	DISPOSITION /Ne	ment	DA		CATION — (		us Chale
1  Buriel 2  Cremation 3 4  Donation 5  Other (Special Control of		trom State	Cemetery, cre	emetory or other	plece)	August l	19	93 Ant	ioch	יוט אט אט ערגד	wii, State
21. SIGNATURE OF FUNERAL SER	- market	SEE	11114	or ocm		ID ADDRESS OF F		JJ Aire	LOCII	, 111	
▶ \ ( )	1)1	4 1/			Rotru	k-Smith	Fun	eral Ho	ome		
X Learn	Ke	X.M.K			85 Sou	ıth Main	Str	eet Ke	yser	, WV	26726
23. PART I. Enter the disease shock, or heart !	ea, Dr com allure. List	plications that ca only ona cause	used the de on sech line	eth. Do not	enter the mo	de of dying, suc	ch aa ca	rdiec or respir	ratory erro	est,	Approximate Intervei Between
IMMEDIATE CAUSE (Final disease or condition		0		_							Onset and Death
resulting in death)	a	The	AS A CONSE	nia							dona
		DUE TO (OR	AS A CONSE	OUENCE OF):							
Sequentially list conditions,	b	0/15 70 /00									
if any, leeding to immediate cause. Enter UNDERLYING		DOE 10 (OR	AS A CONSE	OUENCE OF):							
CAUSE (Disease or injury that initiated events	\$ c_	DUE TO (OR	AS A CONSE	OUENCE OF:							
resulting in death) LAST		98		E Pet - Al /							i l
	d										
PART II. Other aignificant co	nditions c	ontributing to dec	th but not	rasulting in t	he underlying	ceuse given in	Part I.	24a. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS
- ardio.		pathy						1 TYES 2	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	( /							/			1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?		000174				ACE OF DEATH (Ch	neck only o	nne)			
1 TES 2 NO		OSPITAL:	/Outpatlant 3		THER:  Nursing Hom	5 - Rasidenca	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28e. DATE OF INJI (Month, Day, Y		28b. TIME O		URY AT RK?	28d. DE	SCRIBE HOW IN	JURY OCC	URED	
Netural 5 Pendir 2 Accident Investi	ng Igation					ES 2 NO					
3 Suicide 8 Could		28e. PLACE OF IN building, etc.	JURY — At he (Specify)	me, term, stree	et, tectory, office	1		CATION (Street as	nd Number	or Rural R	oute Number,
4 Homicide detarm	nined	<u> </u>						, , , , , , , , , , , , , , , , , , , ,			
29e. CERTIFIER CERTIFYING	G PHYSICIAI	: To the beet of my	knowledge, de	eth occurred a	t the time, date	and plece, end due	to the co	iuse(e) end man	or ee atate	id.	
											end mennar as stated.
29b. SIGNATURE AND TITLE OF CI				2		29c. LICENSE NU					(Month, Day, Year)
Pa	1/		9	26		D 42669			<b>&gt;</b> /	3/-	9/9>
30. NAME AND ADDRESS OF PERS	SON WHO C	OMPLETED CAUSE O	F DEATH (ITE	M 27) (Type, Pri	nt)	D +4009				10	(/ (, )
Dr. Peter Ande	erson	51 Main	Stree	et. We	esternn	ort, MD		21562	(		(
31. DATE FILED (Month, Day, Year)	2.0011	32. REGISTRAR'S	SIGNATURE			220, 120					
AUG n 4 199	3 9	chie Deviden	- Agode	M.							

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, I

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 four leasth. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

FOR STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22504

4 0000000000000000000000000000000000000			ATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last	0		2. DAT	E OF DEATH	3	. TIME OF DEATH
Michael A	antonio Reese,	Jr.	MON.		993	0821
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birti		DER 24 HRS. 7. DATE	OF BIRTH		ACE (State or Fore
215-12-5115	M	RS. MONTHS DAYS HOUR	/4.4	th, pay, Year) 15/86	Country)	1
9a. FACILITY NAME (If not institution, give	street and number)	9b. CITY, TOWN OR LOC	ATION OF DEATH		ITY OF DEA	TYIM
			ALIGH OF DEATH			
26 Spicewood	Court	Essex		Bal	timo	re
26 Spicewood RESIDENCE OF DECEDENT 10a. STATE 10b. COUN 10m. MANULANCE 10b. COUN	TY	c. CITY, TOWN OR LOCATION			1	Od. INSIDE CITY
5 man land DA	Illi more	Essex			1	LIMITS?
	1 1	10f. ZIP C	ODE	10a, CITII		AT COUNTRY?
26 Spice	and laugt				1,0	1
10. STREET AND NUMBER  11. MARITAL STATUS  1 Prover Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDEN	T OF HISPANIC ORIGI	IN? (Specify Yee or No	14. RACE	- American India
	FORCES? 1 YES 2 NO	if yes, specify Co	ıban, Maxican, Puerto		Black,	White, elc.
3 Widowed 4 Divorced	I THO, WITE THAT ON DATES	1 - YES 2 2-1	о ореспу:		3/	ACE
15. DECEDENT'S ED		ENT'S USUAL OCCUPATION	16	L KIND OF BUSINESS/IND	USTRY	, ,
Li Elementers/Secondary (0.12)		nd of work done during most of wo	riting			
	5/	udent				
17. FATHER'S NAME (First, Middle, Last)	1- 1	18. M	OTHERS, NAME (FISE	Micros Maiden Surfames	n mun	
michael An	TONIO Reese	SP.	Chan	A Yalla	ck	
19a INFORMANT'S NAME (Time/Print)		ALLING ADDRESS Street, and Nurr	ber at Rural Rouse Num	noise City perflown, State Zin	Chow	1
mrs. Shame	De Shield 10	33/11. mac	her 5	Balk	Show	2101
20a. METHOD OF DISPOSITION	20h DI ACEANDI	DATE OF DISPOSITION (Name of	1000	TE 20c. LOCATION —	City or Town	100
1 D-Buriel 2 - Cremation 3 - Re	moval from State cometery, cremato	cy or other place	5 B 8	L LOCATION -	1	Smy
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE I	ICENSEF	22, NAME AND ADD	DESS OPENCY IN	10/4/10	01	11/0
THE OF TOMERAL SERVICE	10	JOSEPh	LUSS	FUNERA!	1497	ne
*Asonh!	L. KUSD	2250	11. Mints	5 NURBALL	1m	2/5/1
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. STAB Wow	12 of CA	dyling, such as cal	rdisc or reapiratory arm	est,	Interval Be
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS A CONSEQUENCE.  DUE TO (OR AS A CONSEQUENCE.  DUE TO (OR AS A CONSEQUENCE.	OF OF:	EST	rdiec or reapiratory arm	est,	Interval Be
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE.	OF OF:	test	rdiec or reapiratory arr	est,	Interval Be
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE.	ICE OF):	EST	24a. WAS AN AUTOPSY	24b. W	Interval Be Onset and
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CTAB WOW  DUE TO (OR AS A CONSEQUEN  DUE TO (OR AS A CONSEQUEN  C. DUE TO (OR AS A CONSEQUEN  d.	ICE OF):	EST		24b. W	Interval Be Onset end
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient conditions.	a. CTAB WOW  DUE TO (OR AS A CONSEQUEN  DUE TO (OR AS A CONSEQUEN  C. DUE TO (OR AS A CONSEQUEN  d.	ICE OF):	EST	24s. WAS AN AUTOPSY PERFORMED?	24b. W	Interval Be Onset and JERE AUTOPSY FI MAILABLE PRIOR T MOMPLETION DF C F DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions in the conditions in the conditions in the cause of the conditions in the cause of the cause	a. CTAB WOW  DUE TO (OR AS A CONSEQUEN  DUE TO (OR AS A CONSEQUEN  C. DUE TO (OR AS A CONSEQUEN  d.	ICE OF):	EST	24s. WAS AN AUTOPSY PERFORMED?	24b. W	Interval Be Onset and
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions in th	a. DUE TO (OR AS A CONSEQUENCE.  DUE	ICE OF):  ICE OF):  ICE OF):  Iting in the underlying cause	EST	24a. WAS AN AUTOPSY PERFORMED?	24b. W	Interval Be Onset and
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient conditions. If the conditions is a sequential conditions are sufficient conditions. If the conditions is a sequential conditions is a sequential condition of the conditions is a sequentially list conditions. If the conditions is a sequential condition of the condition of	a. DUE TO (OR AS A CONSEQUEN  DUE TO (OR AS A CONSEQUEN  C. DUE TO (OR AS A CONSEQUEN  d	ICE OF):  ICE OF):  ICE OF):  ICE OF):  ITING In the underlying cause  26. PLACE OF OTHER:	e given in Part I.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. W	Interval Be Onset and
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient conditions. If the conditions is a sequential conditions are sufficient conditions. If the conditions is a sequential conditions is a sequential condition of the conditions is a sequentially list conditions. If the conditions is a sequential condition of the condition of	a. DUE TO (OR AS A CONSEQUENCE.  DUE	ICE OF):  ICE OF	e given in Part i.	24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. W A C C C 1	Interval Be Onset and
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death and conditions are suiting in death an	B. List only one cause on each line.  a	ICE OF):  ICE OF	e given in Part I.  F DEATH (Check only of Residence a Oth	24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  NOO!  NOTE (Specify)  ISCRIBE HOW INJURY OCC.	24b. W A A C C O 1	Interval Be Onset and
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to the conditions of the conditions of the cause of the conditions of the cause of	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CO	CE OF):  ICE OF)	e given in Part I.  F DEATH (Check only of Residence a Oth 28d. DE	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  NO.	24b. W	Interval Be Onset and  VERE AUTOPSY FII MAILABLE PRIOR I OMPLETION DF C F DEATH?  YES 2 N
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to the conditions of the conditions of the cause of the conditions of the cause of	DUE TO (OR AS A CONSEQUENT OF CONTROL OF CON	CE OF):  ICE OF)	re given in Part I.  F DEATH (Check only of Residence a  of Other 28d. De Check only of Check only o	24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  NOT (Specify)  ESCRIBE HOW INJURY OCCUPATION (Street and Number or Town, State)	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Interval
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  12 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation and Suicide 8 Could not be detarmined	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OR TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OR	CE OF):  ICE OF)	e given in Part I.  F DEATH (Check only of Residence a □ Oth 28d. De 20m. Lo Ch 24d. Lo	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  NOTE: Specify: SCRIBE HOW INJURY OCCUPATION (Street and Number or Town, State)  5 SpiceWood	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Interval
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  12 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation and Suicide 8 Could not be detarmined	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CO	CE OF):  ICE OF)	e given in Part I.  F DEATH (Check only of Residence a □ Oth 28d. De 2f. LO Ch 2f. Lo	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  NOTE: SCRIBE HOW INJURY OCCUPATION (Street and Number or Town, State)  5 SpiceWood  Buse(a) and menner as state	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval Be Onset and
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  12 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation and Suicide 8 Could not be detarmined	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OR TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT OR	CE OF):  ICE OF)	e given in Part I.  F DEATH (Check only of Residence a □ Oth 28d. De 2f. LO Ch 2f. Lo	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  NOTE: SCRIBE HOW INJURY OCCUPATION (Street and Number or Town, State)  5 SpiceWood  Buse(a) and menner as state	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Interval Be Onset and
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions in the conditions in the cause of the ca	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CO	CE OF):  ICE OF)	e given in Part I.  F DEATH (Check only of Residence a □ Oth 28d. De 2f. LO Ch 2f. Lo	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 - NO  NO.	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	YES 2 N
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions in th	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CO	CE OF):  ICE OF)	e given in Part i.  F DEATH (Check only of Residence a Oth 28d. DE 28d	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  Net (Specify)  SCRIBE HOW INJURY OCCUPATION (Street and Number or Town, State)  SpiceWood  Ruse(a) and menner as state and pleca, and dua to the	24b. WA A A C C C C C C C C C C C C C C C C	Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation investigation and investigation of the detarmined are considered investigations. Suicide 8 Could not be detarmined and investigation and	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CO	CE OF):  ICE OF)	e given in Part I.  F DEATH (Check only of Residence 8 Oth S1 2art. Lo Ch.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 - NO  NO.	24b. WA A A C C C C C C C C C C C C C C C C	Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation investigation and investigation of the detarmined are considered investigations. Suicide 8 Could not be detarmined and investigation and	DUE TO (OR AS A CONSEQUENT)  DUE TO (OR AS A	CE OF):  ICE OF)	e given in Part i.  F DEATH (Check only of Residence a Oth 28d. DE 28d	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  NOT (Specify)  SCRIBE HOW INJURY OCCUPATION (Street and Number or Rown, State)  5 SpiceWood  Ruse(a) and menner as state and pleca, and dua to the	24b, WA A C C C C C C C C C C C C C C C C C	Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be



and the second

.AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, 3 sho once.	TO BE COMPLETED BY FUNERAL DIRECTOR	26 Spicewood Correspondence of Decedent  10a. STATE  10b. COUNTY  10c. STREET AND NUMBER  11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	OUTT  /// // // // // // // // // // // // /
IE, MARYL ay be retained by page 5 should be	TO BE COM	19a. INFORMANT'S NAME (Type/Print)  19a. INFORMANT'S NAME (Type/Print)  20a. METHOD OF DISPOSITION	DeShi DeShi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi Deshi
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed with. Fours after death. Page 6 m TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the aftending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PAST I. Enter the discesses, or shock, or heart feliure. However, or heart feliure. However, or heart feliure. However, or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Discesse or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Nesural S Notice S	b. OU c. DU d. HOSPITA 1 Inpatient 28s. DA A/A A/A A/A A/A A/A C. PL buil ICIAN: To the b ER: On the basis

93 22505 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA	RTMENT OF HEALTH AND N	MENTAL HYGIENE 9	3 22505
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF OEATH	3. TIME OF DEATH
	Kenneth	Raymond	Reese	07 30 199	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday,	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	BIRTHPLACE State or Foreign
	014-32-3722	1 Am 2 F YAS.		8-14-89	Alifornia
Œ	9a. FACILITY NAME (If not institution, give :		96. CITY, TOWN OR LOCATION OF DEA		OF DEATH
5	26 Spicewood C	ourt	Essex	Balt	imore
DIRECTOR	10a. STATE 10b. COUNT	//	ITY, TOWN OR LOCATION	- V.	10d. INSIDE CITY LIMITS?
	naryland 12/7	11/more	I-Ssex		1 YES 2 TRO
RAI	100. STREET AND NUMBER	1/1/1	101. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANI	C OBIGINZ (Specify Years No. )	I. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2 NO	It yes, specify Cuban, Maxican  1  YES 2 16 Specify:	, Puerto Rican, etc.)	Black, White, atc.
ВУ	3 Widowed 4 Divorced				BIACK
TE	15. DECEDENT'S EDU (Specify only highest grade	e completed) (Give kind or	S USUAL OCCUPATION If work done during most of working	16b. KIND OF BUSINESS/INDUS	STRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) Iffe. Do NOT	use reared.)		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NAM	NE (First, Middle, Maiden Sugname)	
	michael An	ibnio Keese		nda Yollo	K
) BE	19a. INFORMANT'S NAME (Type/Print)		IG ADDRESS (Street and Number or Rural R	oute Number, City or Town, State, Zip Co	ode) C
5	Mrs. Sharon	Deshields 193	3 W. Mosher S	t. BAllimor	UMd 21216
	20a. METHOD OF DISPOSITION  1 Description 2 Cremation 3 Ram	noval from State 280 PLACE AND DATE Cometey, crematory or	e of DISPOSITION (Name of	DATE 20c. LOCATION - CH	y or Toyag, Stata
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	- OFFIFIS	on rores/laten	14 BA110	10011164
	Donah	1 Wuns	Joseph dikt	85 FUNERAL	4 1 1000
	22 Party Estate disease	7 , XVV	9302 W. NO	VID AUC. BAL	6. Md 646
	shock, or heart feliure.	complications that caused the deeth. Do List only one cause on each line.	not enter the mode of dying, such	ee cerdiec or respiratory erree	interval Between
	iMMEDIATE CAUSE (Finel disease or condition	STAB WOUNDS	(x2) OF CHES	T P ARDAME	Onset end Death
	resulting in death)	DUE TO (OR AS A CONSEQUENCE		=1 & MINONIE	
Z	Sequentielly list conditions,	b			
ATIC	if sny, lesding to immediate cause, Enter UNDERLYING	OUE TO (OR AS A CONSEQUENCE	OF):		
FIC	CAUSE (Disease or Injury that initiated events	CDUE TO (OR AS A CONSEQUENCE	OF):		
CERTIFICATION	resulting in death) LAST	d			
	PART II Other eignificent condition	ns contributing to death but not resulting	in the underlying acres about to		
CAL	TART II. OLIGI	- Contributing to death but not resulting	y in the underlying cause given in i	BERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
EDI				1 YES 2 □ NO	OF DEATH?
2					
					1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ck only one)	1 TES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 \( \text{ NO} \)	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA	26. PLACE OF DEATH (Che OTHER: 4 □ Nursing Home 5 戊 Residence		1   125 2   NO
PHYSICIAN	EXAMINER? 1 ☑ YES 2 ☐ NO 27. MANNER OF OEATH	1 □ Inpatient 2 □ ER/Outpatient 3 □ DOA  28a. DATE OF INJURY 28b. TI	OTHER: 4 □ Nursing Home 5 💢 Residence :		
BY PHYSICIAN: MEDIC	EXAMINER?  1 X YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	1   Inpatient 2   ER/Outpatient 3   DOA     28e. DATE OF INJURY   Children   Four	OTHER: 4   Nursing Home 5 X Residence 1 WORK?  1   YES 2   NO	Subject stab	ned bed
ВУ	EXAMINER?  1  YES 2  NO  27. MANNER OF OEATH  1  Netural 5  Pending	1   Inpatient 2   ER/Outpatient 3   DOA   28e. DATE OF INJURY   28b. TI   (Hogh Jay Ser)   F   U   (1   7   1   1   9   3   )   28e. PLACE OF INJURY   At looms farm	OTHER: 4   Nursing Home 5 X Residence 1 WORK?  1   YES 2   NO	B Other (Specify) 28d. DESCRIBE HOW INJURY OCCUP	ned bed
ВУ	EXAMINER?  1  YES 2  NO  27. MANNER OF OEATH  1  Netural 5  Pending investigation  2  Accident investigation  3  Suicide 8  Could not be determined	1   Inpatient 2   ER/Outpatient 3   DOA  28a. DATE OF INJURY   28b. Ti FOUND   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993	OTHER: 4   Nursing Home 5 N Residence   WE OF	Subject stab  28t. LOCATION (Street and Number or City or Fown, State)  26. SpiceWood	hed Rural Route Number,
ВУ	EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYS	1   Inpatient 2   ER/Outpatient 3   DOA  28a. DATE OF INJURY   28b. Ti (Month Day, Ser)   7 3 0 1 9 3    28a. PLACE OF INJURY — At home, farm building, etc. (Specify)	OTHER: 4   Nursing Home 5 \ Residence 1  ME OF	Subject stab  28d. DESCRIBE HOW INJURY OCCUR  Subject stab  28t. LOCATION (Street and Number or City or Town, State)  26. SpiceWood to the cause(s) and manner as stated	hed Rural Route Number, Court
COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only One)  2 MEDICAL EXAMIN	1   Inpatient 2   ER/Outpatient 3   DOA  28e. DATE OF INJURY   28b. Ti   For the part of t	OTHER: 4   Nursing Home 5 N Residence   ME OF	Subject stab  28t. LOCATION (Street and Number or City or Town, State)  26. SpiceWood to the cause(a) and manner as stated lime, data and place, and due to the cause (a)	RED  Ded Rural Route Number,  COURT
BE COMPLETED BY	EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYS	1   Inpatient 2   ER/Outpatient 3   DOA  28e. DATE OF INJURY   28b. Ti   For the part of t	OTHER: 4   Nursing Home 5 N Residence is ME OF	Subject stab  28d. DESCRIBE HOW INJURY OCCUR  Subject stab  28t. LOCATION (Street and Number or City or Town, State)  26. SpiceWood to the cause(a) and manner as stated lime, data and place, and due to the cause (a) DATE S	RED  Ded Rural Route Number,  COLITT cause(a) and manner as stated.  SIGNED (Month, Day, Year)
E COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH  1 Netural 5 Pending Investigation  2 Accident 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	1   Inpatient 2   ER/Outpatient 3   DOA  28e. DATE OF INJURY   28b. Ti   For the part of t	OTHER: 4   Nursing Home 5 \ Residence   WE OF	Subject stab  28d. DESCRIBE HOW INJURY OCCUR  Subject stab  28t. LOCATION (Street and Number or City or Town, State)  26. SpiceWood to the cause(a) and manner as stated lime, data and place, and due to the cause (a) DATE S	RED  Ded Rural Route Number,  COLITT cause(a) and manner as stated.  SIGNED (Month, Day, Year)
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH  1 Netural 5 Pending Investigation  2 Accident 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	1   Inpatient 2   ER/Outpatient 3   DOA  28a. DATE OF INJURY   28b. Ti (Adopt Pay 16ar)   1993   0.5  28a. PLACE OF INJURY — At home, farm building, etc. (Specify)  SICIAN: To the best of my knowledge, death occur  ER: On the basic of examination and/or investigate.	OTHER: 4   Nursing Home 5 \ Residence   WE OF	28d. DESCRIBE HOW INJURY OCCUR  Subject stab  28t. LOCATION (Street and Number or City or Town, State)  26. SpiceWood to the cause(a) and manner as stated lime, data and place, and due to the cause(a).  29d. DATE S	RED  Ded Rural Route Number,  COLLET cause(a) and manner as stated.  SIGNED (Month, Day, Year)  31 1993

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22506

	REGISTRAR	CERTIFICATE OF DEAT	H REG. NO.	0,
	1. DECEDENT'S NAME (First, Middle, Last,		2. DATE OF DEATH DAY YEAR 3. TIME	E OF DI
	Rhonda	Lynn Reese	07 30 1993 0	82:
	212-70-7292	5. SEX  8. AGE (In yrs. last birthday)  1 M 2 F YRS.  8. AGE (In yrs. last birthday)  F UNDER 1 YEAR F UNDER 1 FUNDER 1	24 HRS. 7. DATE OF BIRTN (Mogeth, Dey, Jose) 8. BIRTNPLACE (Country)	State 9
D BY FUNERAL DIRECTOR	10. STATE 10b. COUNTY 10b. STATE 10b. COUNTY 10b. STATE 10b. COUNTY 10b. STATEET AND NUMBER 26 50'CC WC  11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	COURT  TO LOCATION  10c. CITY, TOWN OR LOCATION  10f. ZIP CODE  10f. ZIP CODE  10f. ZIP CODE  11g. WAS DECEMBENT OF THE PROPERTY OF THE PROPER	Baltimore	MITS? ES 2 FUNTRY
once. COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	completed)  College (1-4 or 8+)  (Give kind of work done during most of working to be for the college (1-4 or 8+)	FAS / ON CONSO	ule
examiner must be notified at	19a. INFORMANT'S INÁME (Type/Print)  20a. METNOD OF DISPOSITION 1 Display 2 Cremation 3 Rai 4 Display 5 Other (Specify)  21. SK HATURE OF FUNERAL SERVICE L	- GATTISON FORES WIL	Can 8/4 BALO CO.	12
matic event, the medical	23. PAST I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions,	a. INJURIES OF HEAD	ir	approx ntervai
or other trau	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  d		
MEDICAL		ns contributing to death but not reauting in the underlying ceuse g	PERFORMED?  ANALAE COMPLI DF DEA 1  YES	BLE PRI ETION ( ITH?
item item	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	HOSPITAL: OTHER:	ATN (Check only one)	
d, or	27. MANNER OF DEATN	28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE NOW INJURY OCCURED	
*	1 Natural 5 Pending 2 Accident Investigation	(Month of the control of the contro		
	3 Suicide a Could not be	28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)	28t. LOCATION (Street and Number or Rural Route Nur City or Town, State)	mber,
Item 28 is PLETED	4 Homicide determined	at home	26 Spicewood Ct	
을 교		ICIAN: To the best of my knowledge, death occurred at the time, data and place, ER: On the basis of axismiration and/or investigation, in my opinion, death occur	and due to the cause(s) and menner as stated.	enner a
MPORTANT: IF	296 SIUHATURE AND TITLE OF CERTIFI	29c. LICE	NSE NUMBER 29d. DATE SIGNED (Month.	Day, Ye
IMPOR TO BE	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	.C.M.E. 07 31 1	993
	MARIO F. GO	1 - 702 4:5	, Baltimore, Maryland	2



		FUR
1	_	STATE
	_	REGISTRAR

	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.	4			
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 913 P	M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Morth, Day, Year)   1   M 2   F   YRS.   MONTHS   DAYS   HOURS   MINN.   (Morth, Day, Year)   1   M 2   F   YRS.   MONTHS   DAYS   HOURS   MINN.   (Morth, Day, Year)   1   M 2   F   YRS.   MONTHS   DAYS   HOURS   MINN.   (Morth, Day, Year)   1   M 2   F   YRS.   MONTHS   DAYS   HOURS   MINN.   (Morth, Day, Year)   1   M 2   F   YRS.   MONTHS   DAYS   HOURS   MINN.   (Morth, Day, Year)   1   M 2   F   YRS.   MONTHS   DAYS   HOURS   MINN.   (Morth, Day, Year)   1   M 2   F   YRS.   MONTHS   DAYS   HOURS   MINN.   (Morth, Day, Year)   1   M 2   F   YRS.   MONTHS   DAYS   HOURS   MINN.   (Morth, Day, Year)   1   M 2   F   YRS.   MONTHS   DAYS   HOURS   MINN.   (Morth, Day, Year)   1   M 2   F   YRS.   MONTHS   DAYS   HOURS   MINN.   (Morth, Day, Year)   1   M 2   F   YRS.   (Morth, Day, Year)   (Morth, Day,				
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH	_			
CTOR	Fallston General Hosp. Fallston Hartord				
DIREC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?				
	1 ARYLAND HARFORD DSLATR  100. STREET AND NUMBER  101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?				
FUNERAL	2755 FORLS HILL ROAD 21014 125.A.				
ВУ	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No- Black, White, etc.)  14. RACE — American Indian, Black, White, etc.  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No- Black, White, etc.)  16. YES, GIVE WAR OR DATES  17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No- Black, White, etc.)  18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No- Black, White, etc.)  19. Was Decembert of Hispanic Original (Specify Year or No- Black, White, etc.)				
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	_			
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)  12 YRS  College (1-4 or 5+)  SHIP SOLIDER  MARITRANS JOC				
COMPL	17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Maiden Surname)				
BE	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	_			
٤	FAMILY RECORDS SAME AS ABOVE				
	20s. METHOD OF DISPOSITION    State   Committee   Comm				
	21. SIGNATURE OF FUNERAL REPOVICE LICENSEE	_			
	EVANS FUNERAL CHAPIL-BELAIR, P.A. 3 NEWPORT DRIVE FOREST HILL, MOZIOST				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line.  Approximate interval Between	en.			
	IMMEDIATE CAUSE (Final disease or condition )				
	a. DUE TO (OR AS A CONSCOURNCE OF):	_			
NO	Sequentially list conditions,  Due to (or as a consequence of):  Due to (or as a consequence of):	2			
ICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury cause. Enter UNDERLYING CAUSE (Disease or Injury cause.)	7			
CERTIFICATION	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Heart Failing Year.	7			
	PART II. Other significant conditions contributing to death but not recuiting in the upderlying course given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FROMOST	s			
DICAL	Completion C destructive Pulmpaylities 1 USE 2 DO 1 OF CAUSE OF CA				
MED	1 TES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	_			
YSIC	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)				
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 4 Homicide Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated.  CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFICH  29c. LICENSE NUMBER  29d. DATE SIGNED (Mornin, Day, Year)  8/2/03				
2	PERFECTO C. VALARAO 1716 HARPORD Rd FALLS VON HU 24047				
+	31. DATE FILED (Mornin, Day, Year) 32. REGISTRAR'S SIGNATURE  AUG 04 1993 Suna Davidson-Angeles				

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

YLAND 21215-0020	by the hospital or attending physician.	be detached for use as the bunal-transit permit 1796 12, 3 should	
760, BALLIMORE, MARYLAND 21215-0020	ed within 24 nours after death. Page 6 may be retained	completely filled in by the funeral director, page 5 should al, cremation, or removal.	
DIVISION OF VILAL RECORDS, P.O. BOX 88/60,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permation, or removal.	

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Imre Artur Reiner July 30 2:27AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtnday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 XM 2 F 73 YRS. 219-38-1656 April 15,1920 Hungry 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR The Union Memorial Hospital Baltimore City 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 YES 2 NO Baltimore City FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 4000 North Charles Street 21218 Apt. 1414 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Pu IF YES, GIVE WAR OR DATES 1 - YES 2 NO Specify: BY Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Civil Engineer B & O Railroad once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Artur BE Reiner Margerat Szaley notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Irene Reiner Same as 10e pe 20e. METHOD OF DISPOSITION
1 Suriel 2 Committee 3 Removal from State
4 Opening 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Hi/11top Service Copporation 8/2/93 Towson, Md. 21204 examiner 21. BIGNATURE OF FUNERAL BERVICE LICEN 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204 ma Ruck Towson Funeral Home, Inc. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the C D Strointestinal resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): LIVEY Failure traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury POSSIBLY ADDE TO (OR AS A CONSEQUENCE OF): Myocardial Infarction other that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? апу 1 TYES 2 T NO OF DEATH? Shows 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOSPITAL: OTHER: 1 YES 2 NO tient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Yeer) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural BY 1 YES 2 NO 2 Accident 3 Suicide 26e. PLACE OF INJURY — At home, ferm, atreet, factory, office 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined COMPLETED 4 Homicide PORTANT: If item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured et the time, date end place, end due to 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d DATE SIGNED (Month BE 2 2 3 ₹ 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Point) 96E TIMONIUM, MD 21093 31. DATE FILED (Month, Day, Year) AUG 0 whie Devidour 3 1993

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians
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TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) AUG 0 3 1993

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH	MENTAL	HYGIENE REG. NO.	93	22509
1. DECEDENT'S NAME (First, Middle, Last)  LAUREN EL	IJAH SMITH				2. DATE (	OF DEATH DAY		3. TIME OF DEATH 3 8:00 P. M
	1 X M 2 □ F 76	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS			Dey, Year) 3-1917	B. Bif	ATHPLACE (State or Foreign untry) . Va.
99. FACILITY NAME (If not institution, give street Manor Care Towson		5 gill	Pb. CITY, TOWN	ON LOCATION OF D	EATH		Baltin	
RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  Maryland			town on Local					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
3909 White Ave.				21206			U.S.A	F WNAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 X NO Speci	an, Puerto R		Bi St	ACE — American Indian, lack, White, atc. pocity:
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12 YYS.	ATION completed) College (1-4 or 5+)	18a. DECEDENT'S L (Give kind of w life. Do NOT use Printer	ork done during retired.)			verly	Press	
17. FATHER'S NAME (First, Middle, Last) Elijah Smith				18. MOTHER'S N	ordha		umame)	100 m
19a. INFORMANT'S NAME (Type/Print)  Lorna Evey				ve., Balt				
204, METHOD OF DISPOSITION 1	val from State 20b.	PLACE AND DATE OF	F DISPOSITION	Neme of 8-5-9	93 DATE		ation — city or imore,	
21. SIGNATURE OF FUNERAL SERVICE LICE  POYM. Ca	Roy H. C	ather		AND ADDRESS OF F		ROS Harf	and Rd	Balto.,Md.21214
23. PART I. Enter the diseases, or conshock, or heert failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lat Drily one couse on ea	the death. Do not line.	Dt enter the r					Approximats Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	):					
CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other algnificent conditions	contributing to death be	ut not resulting in	n the underly	ing ceuse given in	Part I.	24s. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. QTMER:	PLACE OF DEATH (C	heck only one	)		
1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation	1 Inpetient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. I	Ome 5 Residence NJURY AT WORK? YES 2 ND			JURY OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, et	treet, factory, of	fice	281. LOCA City o	TION (Street and Town, State)	d Number or Rur	al Route Number,
anal	IAN: To the best of my knowl							e(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF CO	THE OTHER PROPERTY.	Orient	29c. LICENSE NU D 32	IMBER 925	7	29d. DATE SIGN	IEO (Month, Day, Year)
Richard D'Antoni				ui+o 201	Tours	00 Md		

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	B A	IREC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E	
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31. DATE FILED (Month, Day, Year) AUG 0 3 1993

Old Court Road

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMEN			MENTAL HYGIEN	L.	3 22510
	1. DECEDENT'S NAME (First, Middle, Last)  Joseph N. Svec	JOSEPH NORBI	ERT S	VEC		2. DATE OF DEATH MONTH 07/31/		3. TIME OF DEATH 9:40 A. M
	4. SOCIAL SECURITY NUMBER  212-03-0978  9e. FACILITY NAME (If not institution, give st	5. SEX 6. AGE (In yrs. let \$1	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 07-13	-12	BIRTHPLACE (State or Foreign Country) Maryland
TOR	141 Wilgate Rd.	est and number;			OR LOCATION OF D	EATH		timore
DIRECTOR	10e. STATE 10b. COUNTY	timore	10c. CITY, TOWN		Mills			10d. INSIDE CITY LIMITS? 1  YES 2 Y NO
FUNERAL	100 STREET AND NUMBER 141 Wilgate Rd.				1. ZIP CODE 21117		U.S.	N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED 13	If yee, sp	CENDENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		Black, White, etc.  Specify: White
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USUAL Silve kind of work done . Do NOT use retired.	e during mo .)	ON ost of working	16b. KIND OF BU		
COMPL	17. FATHER'S NAME (First, Middle, Last)		aciiiiist		18. MOTHER'S NA	Defens		ISTRY
BE C	F. Joseph	Svec				nna	Kut	
5	Mrs. Carole A. I	Kemp	Same as			Route Number, City or Tow	m, State, Zip Co	ode)
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremetton 3 Remo	val from State 20b. PLACE cametary, cre	and DATE of DISPO ematory or other place HOLV	OSITION (N	ame of			y or Town, State
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE  A L	Paul L. Hartson	ck,Jr. 22	. NAME A	ND ADDRESS OF FA	Balt:		re,MD Maryland 2121 Harford Rd.
	23. PART I. Enter the diseasea, or cahock, or heart fellure. L	omplications that caused the de- list only one cause on each line	eath. Do not ente	er the mo	ode of dylng, suc	h as cardlec or reap	Iratory arres	t, Approximate
	IMMEDIATE CAUSE (Final disease or condition	Adenocarcinomo		Col	on			Interval Between Onset and Death
ATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	Cardiac Arryth	nmia OUENCE OF):					
CERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):					
- 11	PART II. Other significant conditions	contributing to death but not i	resulting in the u	ınderlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Supraventricula	r Tackycardia				PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Ä	25. WAS CASE REFERRED TO MEDICAL							
SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	OTHE	R:	ACE OF DEATH (Ch			
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO		6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUP	RED
тер ву	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa		1000	261. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPLETED		IAN: To the best of my knowledge, de						euse(e) end menner ee stated.
BE C	29b, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			IGNED (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO	cles M. O			D29085		<b>•</b>	7-31-93

21133

ad Randallstown, MD

, 32. REGISTRAR'S SIGNATURE

LA DEUTON ROCKET

Allan J. Chircus, M.D.

	FOR
1	STATE
•	REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		CERTIF				REG. NO.			
		Coblutto	nhafay		2. DATE OF MONTH	, DA		YEAR	. TIME OF DEATH
		. Schlutta			Augu		1993		4:00 a
4. SOCIAL SECURITY NUMBER 220-07-0864	5. SEX 6. A	GE (In yrs. lest birthday) 77 YRS.		AR IF UNDER 24 HRS. WE HOURS MIN.	July	Day, Year)	916	8. BIRTHPL Country)	Maryland
9a. FACILITY NAME (If not institution, give 6115 Eastern			9b. CITY, TO	Baltimore			9c. COUN	TY OF DEA	тн
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	гу	10c, Cl	TY, TOWN OR L	OCATION				1	Dd. INSIDE CITY
Maryland				Baltimore	City			1	LIMITS?
100. STREET AND NUMBER 6115	Eastern Par	kway		10f. ZIP COOE	21206				tates
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	res 2 X NO	If yo	OECENDENT OF HISPAI a, specify Cuben, Maxica YES 2 NO Specifi	en, Puarto Ric			14. RACE	-American Indian, white, atc. White
15. DECEDENT'S EDI (Specify only highest gred Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5 +)		s usual occu work done durir ise retired.) nemakey	ng most of working	16b. K	IND OF BUS	SINESS/INDU	JSTRY	
	ouis Frei				nna	E	Biebel		
Henry C. Schlutte	anhafer			reet and Number or Rural Stern Parkv					21206
20s. METHOD OF DISPOSITION  1 Serial 2 Cremation 3 Rer  4 Donation 6 Other (Specify)	moval from State	206. PLACE AND DATE complety, crematory or Parkwood			OATE		cation — c		Maryland
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE MAI 14-			ME AND ADDRESS OF FA					
· milton	1- Know	Knight Jr	120	onard J. Ru					21214 ord Road
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	<b>р</b> Б):	<u>e</u>					8-10 mors
PART II. Other significent condition	ons contributing to des	th but not resulting	In the under	fvina cause alven in	Part i 2	4e. WAS AN	AllTORCY	T 0.45 W	
						PERFOR	MED?	a c	MAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☐ YES 2 ☐ NO	HOSPITAL:	Outpatient 2 \( \subset DOA	OTHER:	28. PLACE OF DEATH (CI	heck only one)	PERFOR	MED?	a c	MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending	1 Inpatient 2 EPJ 28a. DATE OF INJL (Month, Day, Ye	IRY 28b. TII	OTHER: 4  Nursing ME OF 28 JURY		heck only one)  6  Other (	PERFOR	MED?	1	OMPLETION OF CAUSE OF DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	28a. DATE OF INJU	PRY 28b. T/I	OTHER: 4 Nursing ME OF JURY M 1	A PLACE OF DEATH (CI Home SMC Residence C. INJURY AT WORK?	heck only one)  6  Other (: 28d. DESCI	PERFOR	MED?	o o o o o o o o o o o o o o o o o o o	MAILABLE PRIOR TO OMPLETION OF CAUSI F DEATH? YES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only 1 CERTIFYING PHY:	28a. DATE OF INJL (Month, Dey, Ye	IRY 28b. T/I IN  IURY — At home, farm,  Specify) troowledge, death occur	OTHER: 4 Nursing ME OF 28 JURY M 1 street, factory,	Residence C. INJURY AT WORK?  YES 2 NO office	heck only one)  6 Other ( 28d. DESCI  28f. LOCAT City or	PERFOR  Specify)  Specify  ION (Street fown, State)	NJURY OCC	URED Or Rural Root	MAILABLE PRIOR TO OMPLETION OF CAUSI F DEATH? YES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only 1 CERTIFYING PHY:	28a. DATE OF INJU (Month, Dey, Ye 28a. PLACE OF IN, building, etc.)  SICIAN: To the best of my I HER: On the basis of examine	Specify 28b. Till IN	OTHER: 4 Nursing ME OF 10 street, factory, was at the time ion, in my opin	Residence C. INJURY AT WORK?  YES 2 NO office	28f. LOCAT City or to the cause to the cause time, data as	PERFOR  Specify)  Specify  ION (Street fown, State)	NO NJURY OCC	URED  Or Rural Root  id.	MAILABLE PRIOR TO OMPLETION OF CAUSI F DEATH? YES 2 NO

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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	1	nt. Paper 1, 2, 3 should
IMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit Profit 2 3 should
E, MARYL	/ be retained by	age 5 should be
MORI	Раде 6 тау	director, p.

BALTIMORE, MARYLAND	4 hours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detachen, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	AIE UP	DEALL	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)	Catherine	G. Saut	er		2. DATE OF DEATH		3. TIME OF DEATH 9:40 D. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	T	8. BIRTNPLACE (State or Foreign
	213-10-9491	1 🗆 M 2 💢 F	90 YRS.	ONTHS DAYS	HOURS MIN.	Feb. 16	1903	Maryland
œ	9a. FACILITY NAME (If not institution, give s Lorien Frankford				ltimore		9c. COUN	TY OF DEATN
DIRECTOR	RESIDENCE OF DECEDENT	nur strig cerri		υα	I CIMOI E	CICy		
E I	10a. STATE 10b. COUNTY	Υ	10c. CITY, 1	TOWN OR LOCATE	ON			10d, INSIDE CITY
	Maryland			Bal	timore (	City		1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 3227 S	Shannon Drive		101.	ZIP CODE	21213		ted States
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I				NIC ORIGIN? (Specify		14. RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES			cify Cuban, Maxico 2 X NO Specif	an, Puerto Rican, etc. fy:		Specify: White
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, DECEDENT'S US	SUAL OCCUPATION done during mos	N .	16b. KIND OF	BUSINESS/INDU	JSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Secreta	retired.)				
M	17. FATHER'S NAME (First, Middle, Last)		Secreta	Ty Ket				
	William H.	Sauter				ME (First, Middle, Me therine	A COLUMN TO A COLU	
BE	19a. INFORMANT'S NAME (Type/Print)	Jaacer	19b. MAILING AI	DDRESS (Street an		Route Number, City or		Code)
5	Clara C. Dixon				Drive		e, Md.	21213
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	ovat from Stata 201	D. PLACE AND DATE OF INTERPOLATION OF A COMP. HOLY RECE	DISPOSITION (Name of place)	8/3/93	1	altimo	ony or Town, State re Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		Knight Jr		D ADDRESS OF FA		ltimor	
	· milton	1- Knight	Angile of	Leona	rd J. Ru	uck, Inc.		
CERTIFICATION	IMMEDIATE CAUSE (Final	с		edial	in Fa	nc tien		interval Between Onset and Death  Leveck  Yeld
	PART II. Other significant condition	a contributing to death i	out not resulting in	the underlying	ceuse alven in	Part I 24a Was	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	01-1		Ywent	25		PER	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN:	EXAMINER?	HOSPITAL:		THEM:	ACE OF DEATH (C/			
}	27. MANNER OF DEATH	1 ☐ Inputient 2 ☐ ER/Out  28a. DATE OF INJURY	28b. TIME C			6 Other (Specify) 28d. DESCRIBE H	W IN HIRV OCC	HIDEO
	1. Natural 5 Pending	(Month, Day, Year)	INJUR	TY WOF	ES 2 NO	280. DESCRIBE N	W INJUNT OCC	OHED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26s. PLACE OF INJUR building, etc. (Spe	/ — At home, ferm, stre	set, factory, office		281. LOCATION (St. City or Town, S	eet and Number ( tate)	or Rural Route Number,
	29a. CERTIFIER							
COMPLET	(Check only CERTIFYING PHYSI	CIAN: To the best of my know						od. o cause(a) and menner as stated,
O I	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d, DATE	SIGNED (Month, Day, Year)
0	KIE	Don	7		D200	73	18	2/92
2	30. NAME AND ADDRESS OF PERSON WH							- (1)
	Dr. George Lov		310 Belair	Road	Baltim	ore, Mary	land	
12	ALIG A 2 1003	32. REGISTRAR'S SIGN						

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COMPLETE SALES AND THE PLANE

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR THOMAS TILLETT JR. 93 9:27 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morith, Day, Year) 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 FM 2 | F DAYS phones 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 124 A E.MAIN STREET ELKTON CECIL COUNTY RESIDENCE OF 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY CECIL 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? VE 21 use as the bunal-transit be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 PNO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced NAWSCAL VIETNAM-WH COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ige (1-4 or 5+) 10 dary (0-12) UMBER funeral director, page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Mid Hom 76 E BE notified 19a. INFORMANT'S NAME (Type/Prin 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code; 2 Pe 20a. METHOD OF DISPOSITION
1 If Burial 2 Cremation 3 Removal from State Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 8500 FUR Ille filled in by the fi 23. PART I. Enter the discess, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on sech line. Approximata interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** cremation, the disease or condition resulting in death) the attending physician and completely i Mental Hygiene prior to burial, crematic ACUTE ETHANOL INTOXICATION event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF)if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the any FATTY LIVER 1 X YES 2 | NO Shows YES 2 | NO t, of H PHYSICIAN: has be PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) certificate t HOSPITAL: OTHER: 1 XYES 2 NO me 5 Residence 6 Nother (Specify) 124 A E.MAIN STREET 1 | Inpatient 2 | ER/Outpatient 3 | DOA 8 27. MANNER OF OEATH 28a. DATE OF INJURY F (Month, Day, Year) 286 TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Bla ga Harked. 1 Naturel м 1 YES 2 NO 7-30-93 BY 9:20 A UNKNOWN 祖 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 124-A E. MAIN STREET 3 Suicide 6 XX Could not be datermined COMPLETED 4 Homicide FOUND: APARTMENT 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner se stated. TO THE HOSPITAL O
TO THE FUNERAL D
DE filed within 72 h
IMPORTANTE II III 2 (1) MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 7-31-1993 O.C.M.E. 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 21201 Penn Street, Baltimore, Maryland AUG 04 1993

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		Christine	L. Wari	field				2. DATE OF DEATH BONNIH B	AY	3. TIME OF DEATH	M
No.		4. SOCIAL SECURITY NUMBER 220-22-4575A	1 🗆 M 2 🔀	AGE (In yrs. last bi	YRS. IF UNI	DER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1.0	BIRTHPLACE (State or Foreign Country) Va.	
2	стов	99. FACILITY NAME (If not institution, give 1513 Movers 1513 Mover		CT		alti	MOTE	EATH	9c. COUNT	Y OF DEATH	
physician. burial-transit permit. Pages 1,	DIRE	10a. STATE 10b. COUNT	TY .	1	10c. CITY, TOWN Bal	N OR LOCAT	re re			10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO	
in. ransit pen	FUNERAL	1430 Mount St	t.			101	212	217		IN OF WHAT COUNTRY? USA	
attending physician. se as the burial-tran	₽	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YES, GIVE WAR O	YES 2 MO	0 1	If yes, spe	endent of Hispan ecity Cuben, Mexice 2 NO Specify	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)  y:		4. RACE — American Indian, Black, White, etc. Specify: Afro America	aı
spital or led for u	APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		(Give I	DENT'S USUAL kind of work dor o NOT use retired Vate	ne during mod d.)	Nurse	166. KIND OF BUS		STRY	
ed by the hor uld be detach ed at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lest)  Joseph	Ball				Marga		kens		
y oe retained page 5 should be notified	10	190. INFORMANT'S NAME (Type/Print)  Elaine Warfie	eld	15	13 Mo	untm	or Ct.	Balto.,	n, Stote, Zip Co Md •	ode) 21217	
I director, pa		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND	tas M	demor	ial	8/7	Balto	or Town, State	
the funeral dir wal.		21. SIGNATURE OF FUNERAL SERVICE LE	a. mor	ton	1	170	1 Laure		Balto	., Md.21217	
ompletely filled in by th il, cremation, or remova event, the medical		23. PART(I/. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Mel-	on each line.  AS A CONSEQUE	alle	er the mod	nor			Interval Betwee Onset end Deel	
are bean centricate be executed within 24 mous after beant, rage b may be the attending physician and completely filled in by the funeral director, page. I Mental Hygiene prior to burial, cremation, or removal.  Injury, or other traumatic event, the medical examiner must be it.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. ODE TO (OR )	AS A COMBEQUE	ENCE OF:	L	wer	and (	rell.	bladde	
the attent Mental H		PART II. Other significant condition	ns contributing to deal	th but not ree	uiting in the	underlying	ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS	S
shows any I	: MEDICAL							PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
this certificate has by with the State Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DEATH (Che	eck only one)			_
s certific th the S	HYS	1 YES 2 THO 27. MANNER OF DEATH	1 Inpatient 2 ER/0	JRY 21	DOA 4 N	tursing Home 28c. INJU	URY AT	6 Other (Specify)  26d. DESCRIBE HOW II	NJURY OCCUI	RED	
After this death with s marked	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yes		INJURY M	1 🗆 Y	RK? 'ES 2 NO				
DIRECTOR: After this certificate has be hours after death with the State Dept.	LETED	3 Suicide 8 Coule not be determined	28e, PLACE OF INJ building, etc. (3	(Specify)				28f. LOCATION (Street a City or Town, State)			
THE FUNERAL DI filed within 72 ho	COMPL	(Check only one) 2 MEDICAL EXAMINE					eath occured at the	time, date and place, en		ceuse(e) end menner as stated.	
TO THE De filed v	O BE	296, SIGNATURE AND FILE OF CENTIFIE	0				D (S	03 Y	29d. DATE S	SIGNED (March, Day, Year)	
		30, NAME AND ADDRESS OF PERSON WH	Kur a.	AM	7) (Type, Print)	11 (	Sank	thee.	B	allo no	3
	4	AUG 4 1993	32. REGISTRAR'S S	ignature ion-Randa	82.			(2-12 kg			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trains permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner m

	1 - STATE OF MARYL	AND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	ND MENTAL HYGIENE REG. NO.					
		1. WEIR	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH NORTH DAY YEAR 10 P					
	4. SOCIAL SECURITY NUMBER  2.15-48-0374  9a. FACILITY NAME (If not institution, give street and number)	In yrs. last birthday)  F UNDER 1 YEAR  F UNDER 24 H  MONTHS DAYS HOURS M  9b. CITY, TOWN OR LOCATION (	M. 5-23-1948 MARYLAND.					
ECTOR	9512 POWDER HORN LANE	BAL						
A S	10a. STATE  10b. COUNTY  BALTO.	BALTIMORE						
FUN	9512 POWDERHORN L	ANE 2/2	34 ISPANIC ORIGIN? (Specify Yea or No. 14. RACE — American Indian,					
₽	1 Never Married 2 Married   FORCES? 1 YES   IF YES, GIVE WAR OR DA	2 NO If yes, specify Cuban, M	axican, Puarto Rican, etc.) Specify:  WHITE					
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Cottege (1-4 or 5 +)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  CHIEF CLERK	166. KIND OF BUSINESS/INDUSTRY  AMTRAK					
ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Last)  JOHN A. CAPRIN	18. MOTNER	S NAME (First, Middle, Maiden Surname) VELYN HEBBEL					
1 1	190. INFORMANT'S NAME (Type/Print) ROBERT WEIR		Rural Route Number, City or Town, State, Zip Code)					
examiner must be		PLACE AND DATE OF DISPOSITION (Name of elay, crematory or other place) GREEN MOUNT CEM,	OATE 20c. LOCATION — City or Town, State 7/31 BALTO, MD.					
i examine	alex parter	MILLER FUNERAL HOME AFOOD RS BALTO, MD. 21234						
event, the medical	23. PART I. Enter that diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errect, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):							
or other traumatic	Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):							
shows any injury,	PART II. Other significent conditions contributing to death but	at not resulting in the underlying ceuse give	PERFORMED?  1 YES 2 NO 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 25 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
rked, or item 23 shows any in PHYSICIAN: MEDICA	25. WAS CASE REFERBED TO MEDICAL EXAMINER?  1	26. PLACE OF DEATH						
28 is ma	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation	28b. TIME OF 28c. INJURY AT WORK?  1 YES 2 THO	28d. DESCRIBE HOW INJURY OCCURED					
	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the best of axamination	edga, death occurred at the time, data and place, and	dua to the cause(a) and manner as stated.  If the time, data and place, and due to the cause(a) and manner as stated.					
MPORTANT: IF I	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	29 LICENSE						
	St. DATE FILED (Moorm, Day There)  AUG 0 4 1993  The August Part of the Company o	WanteTH	1/Rd-Baltimere und					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within <sup>24</sup> nours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If tem 28 is marked, or them 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		CE	RTIFICATE	O	F DEAT	H/	9.3	REG	NO

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	R. 1 11	<u>'e</u>		2. DATE OF DEATH MONTH	YEAR 3. TIME OF E	DEATH M
	4. SOCIAL SECURITY NUMBER 216-10-4550	X 0	YRS. IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BHTTH (Month, Day, Year)	8. BIRTHPLACE (State Country) SUMMERV	
TOR	98 FACILITY NAME (If not institution, give 500 SU MUM) RESIDENCE OF DECEDENT	tan hos pitul	96. CITY, TOW	OR LOCATION OF DE	ATH 9c	COUNTY OF DEATH	
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CITY, TOWN OR LOC BALTI	MURE	C174	10d. INSIDE LIMITS?	
FUNERAL	55/5 SAG	RA ROAD		101. ZIP CODE 2 2 2 3	39	g. CITIZEN OF WHAT COUNTR	
Æ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVEN IN U.S. A FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	NO If yes,	ECENDENT OF HISPAN specify Cuban, Mexicar ES 2 18 NO Specify.		No— 14. ŘACE — American- Black, White, sto- Specify:	Indian,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	e completed) (	PECEDENT'S USUAL OCCUPA Give kind of work done during to. Do NOT use retired.)		16b. KINO OF BUSINE	SS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last)	LA LA CI	ECOUNTY.	18. MOTHER'S NAM	ME (First, Middle, Malden Surn	COUNTOR	
TO BE	190. INFORMANT'S NAME (Type/Print)	ECURDS '	9b. MAILING ADDRESS (Street	et end Number or Rural R	noute Number, City or Town, St.	ate, Zip Code)	
	20a. METHOD OF DISPOSITION  1  Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	EAND DATE OF DISPOSITION	PAITH	8-4 Rose	ON — City or Town, State  ALC BATO.	CO.
	21. SIGNATURE OF FUNERAL SERVICE LI	f. you m	0067 EV	AND ADDRESS OF THE	REFORD E	HAPEL OND PARK	vicus
	23. PARTVI. Enter the diseases, or shoot, or hear failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the d List only one cause on each line a	Pulmonas	4	n as cardiac or respirato	Interv	kimate al Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSI	A Rotus EQUENCE OF: anevry	Eaner	rys-(aho	lomine) 2	4hr.?
MEDICAL C	PART II. Other significant condition	ns contributing to death but not	resulting in the underly	ing cause given in i	Pert I. 24e, WAS AN AUTO PERFORMED 1 VES 2	77 AMAILABLE PR	OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26.	PLACE OF DEATH (Che	ick only one)		
	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Outpatient  26e. DATE OF INJURY (Month, Day, Year)	3 DOA 4 Nursing H	NJURY AT WORK?  YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW INJUR	RY OCCURED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)			261. LOCATION (Street and A City or Town, State)	lumber or Rural Route Number,	
COMPLE		SICIAN: To the best of my knowledge, d ER: On the basic of examination and/or					as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Chiper /	1. 1	29c. LICENSE NUM	BER 29	d. DATE SIGNED (Month, Day, Y	bar)
7	30. NAME AND ADDRESS OF PERSON, WI	Kaven 13	EM, 27) (Type, Print)	1/to 1	10.212	39	
10	AUG 04 19932	32. REGISTRAR'S SIGNATURE	2				



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FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)			77-1		2. DATE	OF DEATH		3. TIME OF DEATH	_
	WILI	IAM GORMAN W	ILLEY, J	R.		7 T	30	9	3	М
	4. SOCIAL SECURITY NUMBER 214-10-0422	1 ₹ M 2 □ F 7	E (In yrs. lest birthday) 7 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HF	n. Jul	of BIRTH h, Day, Year) y 5,19	20 N	BIRTHPLACE (State or Foreign Country) (aryland	
OR	9a. FACILITY NAME (If not Institution, give 807 Baltimore Av		Town or Location of Death cean City  9c. COUNTY OF DEATH Worcester							
5	RESIDENCE OF DECEDENT									
DIRECTOR	Maryland Balt	imore		owson	LIMITS?					
ERAL	100. STREET AND NUMBER 719 Camberley (	Circle, Apt.	C-1	10	101. ZIP CODE 21204			U.S.	N OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR WW II	1 🔀 YES 2 □NO If yes, specify Cuben, Max WAR OR DATES 1 □ YES 2 🔀 NO Spe		exican, Puerto	can, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: Vhite		
COMPLETED	15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION	18a. DECEDENT'S (Give kind of life. Do NOT u		ON ast of working		. KIND OF BU		tric Co.	
≅	17. FATHER'S NAME (First, Middle, Last)		Liectii	Clan	10 MOTHER'S		Middle, Maiden		.110 00.	
BE CO	William Gorman V	Villey, Sr.			Elizal	beth W	allace			
10	19a INFORMANT'S NAME (Type/Print)  Mrs. Jane B. Wil	.ley		as #10	and Number or R	ural Route Nun	ber, City or Tow	n, State, Zip Co	ide)	
	20a. METHOD OF DISPOSITION 1   ☐ Burlel 2 ☐ Cremetion 3 ☐ Ref	novel from State	0b. PLACE AND DATE emetery, crematory, or o	OF DISPOSITION (Na	ame of	DAT			y or Town, Stata	
113	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		dore Land		ND ADDRESS O		12/93	Parkv	IIIe, Md.	_
	▶ Wallace		ole In	Ruck	Towson York I	n Fune				
7	23. PART I. Enter the diseases, or shock, or heart fellura IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on		21111	(inl)	A	Jan	tim	tt, Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6	A CONSEQUENCE O		7					
MEDICAL	PART II. Other algnificant condition	na contributing to death	but not resulting	in the underlyin	g cause giver	in Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
NA N	25. WAS CASE REFERRED TO MEDICAL			28, P	LACE OF DEATH	Check only o	ne)	-		-
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	utpatient 3 DOA	OTHER:	ne 5   Resider	oce 6 Coth	er (Snacific)			
PHYSICIAN:	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	Y 28b, T/A	AE OF 28c, IN.	JURY AT DRK?	28d, DE	SCRIBE HOW I	NJURY OCCUP	RED	T
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26a PLACE OF INJUI	RY — At home, farm, pecify)		YES 2 NO	26f. LO	CATION (Street or Town, State)	and Number or	imber or Rural Route Number,	
ETE	4 Homicide determined									
COMPLETED	(Check only	SICIAN: To the best of my kno IER: On the besis of examinat							cause(a) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	mills	- M.	P.	29c. LIGENSE	NUMBER	7	29d. DATE S	SIGNED (Month, Day/Year)	
01 10	Dr. W. Meredith				was Cirk	1+0 21	0	/	1/10	
+	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		CIII LAIK	way bu	LCE ZI	0			-

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and long and the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-treat returning the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 4	1. DECEDENT'S NAME (First, Middle, Last)	. /			2. DATE OF DEATH	<del></del> -	3. TIME OF DEATH	
- 1	BEENARD Y. ZA	AMENSKI			MONTH DAY YEAR		7:40 A.M	
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A.B	NRTHPLACE (State or Foreign	
	111-01-121A 1 M2 DF	MA YRS.	MONTHS DAYS		(Month, Day, Year)	17 0	Country)	
	9e. FACILITY NAME (if not institution, give street and number)	13	AL OUTY TOUG		08-07-1		MD.	
œl	64 . TOUR 1/16 1/000		90. CITY, 10W	OR LOCATION OF OR	ATH .	9c. COUNTY	OF OEATH	
፬	RESIDENCE OF DECEDENT		OWSON		8	ALTO!		
DIRECTOR	10e. STATE 10b. COUNTY	10c CIT	Y, TOWN OR LOC	ATION			and makes army	
<u> </u>	madural BATIMA	05 10 6	211-11	m 105			10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	cc w. 1	11/1/	110100			1 TYES 2 TO NO	
¥	11601 FILL DOPERAL	PRATI		IOF. ZIP CODE	> /.	10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	4301 PIEGOREEN	Porty		याय.	36	U.	J.H.	
5	11. MARITAL STATUS  1 Never Married 2 Merried 12. WAS DECEDED FORCES?	NT EVEN IN U.S. ARMED	13. WAS O	ECENDENT OF HISPAN specify Cuban; Mexices	IC ORIGIN? (Specify Yes	or No 14, I	RACE — Afteriorn Indian; Black, White, atg.	
BY		WAR OR DATES,		ES 2 NO Specify			Specify:	
- 41	יין ארן אין	W. W. H		_			WHITE	
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S (Give kind of v	USUAL OCCUPA: vork done during i se retired.)	TION most of working	166, KIND OF BUS	INESS/INDUST	کنی رخی	
ا ت	Elementary/Secondary (0-12) College (1-4 or 5	+) Iffe. Do NOT us	e retired.)		BROOK	->	700	
ት	12	MECH	4/0/		Ro	TICK		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	10111		18. MOTHER'S NAI	ME (First, Middle, Malden	Sumeme)	2	
<u>. I</u>	DOTO S. CAME	VSKI		SIEL	LA GRE	BGOK	EK	
0	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stree	and Number or Rural F	loute Number, City or Town	State, Zip Code	0)	
-	FranICA KECOL	2DS   S1	Blue	AS	ABOVE			
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF OISPOSITION /	Name of	DATE 20c. LO	CATION — City	or Town, State	
	1 D Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	cemental Librar	20055	CAM.	8-5 RA	PONKL.	IM MY	
i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	110 4	22. NAME	ANO ADDRESS OF FAC	CILITY		21	
1	Tesso of 9	· LICIT	BUH	gNS FU	Neppe	4120	W.	
	ffley f- face	~ moo677	4	800 m	EFORD	RD.		
	23. PART Lenter the dispases, or complications the	et ceused tha daeth. Do n	ot antar tha n	noda of dying, such	as cardiac or respi	ratory arreet,	Approximeta	
	IMMEDIATE CAUSE (Final	use on each fills.					Interval Between Onset and Daath	
	disease or condition resulting in death)	Monney OA	V arr	· Dent				
	DUE TO	O (OR AS A CONSEQUENCE OF	7:	3				
z	- R	east how	nu AN	DATA.				
2 ∥	Sequentially list conditions, If any, leading to immediate	OF AS A CONSEQUENCE OF	7:					
ā 1		6	111					
3 1	CAUSE (Disease or Injury							
2	CAUSE (Disease or Injury C.	O (SE AS A CONSEQUENCE OF	7:					
NI I	CAUSE (Disease or Injury	O (OF AS A CONSEQUENCE OF	7):					
CERIIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST		,					
	CAUSE (Disease or Injury that Initiated events		,	ng cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST		,	ng cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
- 11	CAUSE (Disease or Injury that Initiated events resulting in death) LAST		,	ng cause given in i	Part I. 24e. WAS AN. PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST		,	ng cause given in i	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST		n tha underlyl		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other eignificant conditions contributing to the contributing to	o death but not resulting I	n the underlyl	PLACE OF DEATH (Che	PERFOR  1 VES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
TISICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO d	o death but not resulting I	28. OTHER:	PLACE OF DEATH (Che	PERFOR  1 YES 2  ck only one)  6 Other (Specify)	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PRISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO d  PART II. Other eignificant conditions contributing to d  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 SUpported 2  27. MANNER OF DEATH 280. DATE Of (Mooth)	Dideath but not resulting I	28. OTHER: 4   Norsing Ho	PLACE OF DEATH (Che	PERFOR  1 VES 2	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PRISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO	□ ER/Outpetient 3 □ DOA F INJURY 28b. TIMI	28. OTHER: 4   Norsing Ho E OF   28c. R URY M   1	PLACE OF DEATH (Che	PERFOR  1 YES 2  ck only one)  6 Other (Specify)  28d. DESCRIBE HOW IN	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
DI PRISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO	Dideath but not resulting I	28. OTHER: 4   Norsing Ho E OF   28c. R URY M   1	PLACE OF DEATH (Che	PERFOR  1 YES 2  ck only one)  6 Other (Specify)	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
DI PRISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other eignificant conditions contributing to d.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 SInpatient 2  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined	ER/Outpetlent 3 DOA F INJURY Dey, Year)  DF INJURY — At home, lerm, s	28. OTHER: 4   Norsing Ho E OF   28c. R URY M   1	PLACE OF DEATH (Che	PERFOR  1 YES 2  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  281. LOCATION (Street a	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
DI PRISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO d	Description of DOA   DOA	28. OTHER: 4   Nursing Ho E OF   28c. #	PLACE OF DEATH (Che	PERFOR  1 YES 2  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
DI PRISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other eignificant conditions contributing to d.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Description of the property of	28. OTHER: 4   Nursing He E OF   28c. #	PLACE OF DEATH (Che	PERFOR  1 YES 2  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)	MED?  NO  IJURY OCCURE  Ind Number or Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  D  D  Junal Route Number,	
COMPLETED BY PRISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO d	Description of the property of	28. OTHER: 4   Nursing He E OF   28c. #	PLACE OF DEATH (Che	PERFOR  1 YES 2  ck only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  281. LOCATION (Street a City or Town, State)  to the cause(e) end men	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  D  D  D  June Route Number,	
BE COMPLETED BY PRISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO d. DUE	Description of the property of	28. OTHER: 4   Nursing He E OF   28c. #	PLACE OF DEATH (Che	PERFOR  1 YES 2  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)  to the cause(e) end men time, date end place, end	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  D  D  Junal Route Number,	
BE COMPLETED BY PRINCIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO d	ER/Outpetient 3 DOA FINJURY Day, Year)  DF INJURY — At home, Ierm, a stc. (Specify)  If my knowledge, death occurre examination end/or investigation	28.  OTHER: 4 □ Nursing He EOF 28c. If URY M 1 □ treet, factory, off	PLACE OF DEATH (Che	PERFOR  1 YES 2  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)  to the cause(e) end men time, date end place, end	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  D  D  D  June Route Number,	
COMPLETED BY PRISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO d	Deprovement 3 DOA  FINJURY Deprovement 3 DOA  FINJURY At home, Ierm, a sec. (Specify)  If my knowledge, death occurre examination end/or investigation.  SE OF DEATH (ITEM 27) (Type,	28. OTHER: 4 Nursing Ho E OF URY M 1 treet, factory, off d at the time, da n, in my opinion,	PLACE OF DEATH (Che Ime 5 Recidence NJURY AT ORK? YES 2 NO Ice  te end piece, end due death occured at the 29c. LICENSE NUM	PERFOR  1 YES 2  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)  to the cause(e) end men  Ilme, date end place, end  BER	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Neal Route Number,  1 Poute Number,	
BE COMPLETED BY PRISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO d	De death but not resulting is a death occurrence between the death occurre	28. OTHER: 4 Nursing Ho E OF URY M 1 treet, factory, off d at the time, da n, in my opinion,	PLACE OF DEATH (Che Ime 5 Recidence NJURY AT ORK? YES 2 NO Ice  te end piece, end due death occured at the 29c. LICENSE NUM	PERFOR  1 YES 2  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)  to the cause(e) end men  Ilme, date end place, end  BER	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Neal Route Number,  1 Poute Number,	
BE COMPLETED BY PRINCIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO d	Deprovement 3 DOA  FINJURY Deprovement 3 DOA  FINJURY At home, Ierm, a sec. (Specify)  If my knowledge, death occurre examination end/or investigation.  SE OF DEATH (ITEM 27) (Type,	28. OTHER: 4 Nursing Ho E OF URY M 1 treet, factory, off d at the time, da n, in my opinion,	PLACE OF DEATH (Che Ime 5 Recidence NJURY AT ORK? YES 2 NO Ice  te end piece, end due death occured at the 29c. LICENSE NUM	PERFOR  1 YES 2  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)  to the cause(e) end men  Ilme, date end place, end  BER	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Neal Route Number,  1 Poute Number,  1 Poute Number,  1 Poute Number,  1 Poute Number,	

	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COME
duon, or remov	the medical	
be med within 12 mous after death with the state bept, of meanth and mental hygiene prior to build, clemation, of left	sumatic event,	TION
ital nygralic pilit	y, or other tra	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
alth alth Me	s any injur	DICAL
g Dept. of De	m 23 show	D BY PHYSICIAN: MEDI
III DIE SIGI	d, or ite	HYSIC
Death W	is marke	D BY F
12 Hours alle	If Item 28	MPLETE
DE IIIEN MIDIII	IMPORTANT:	O BE CO

	REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO.		
- 5	1. DECEDENT'S NAME (First, Middle, Last)	CATTITAL	A D ADAM	C CD	- :	DATE OF DEATH		3. TIME OF DEATN
	Calvin Hold	CHATAIN V	W.D. ADAM	is, sk.		MONTH 07-1	9-93	4.35 34 "
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday)	F UNDER 1 YEAR	F UNDER 24 HRS. 7	DATE OF BIRTH	8. Bil	RTNPLACE (State or Foreign
- 6	217-32-0400	1∑ M 2 □ F (	67 YRS. M	ONTHE DAYS H	OURS MIN.	12-31-1	925 8	aryland
	Se. FACILITY NAME (If not institution, give st	reet and number)		b. CITY, TOWN OR L	OCATION OF DEAT		9c. COUNTY O	
Œ	Greater Laurel	/Reltsvil		Laure			A7 - A3 1	E GEORGES
읝	RESIDENCE OF DECEDENT	/ DCICDVII.	ic nosp,	Daule			LIVIIVC	E GEORGES
ĕ	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCATION				10d. INSIDE CITY
DIRECTOR	Maryland Prin	ce Georges	s	Laurel				LIMITS?
4	10e. STREET AND NUMBER			101. ZII	P CODE		10g. CITIZEN O	F WHAT COUNTRY?
8	12344 Shade Tr	ee Lane			207	708		S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENO		ORIGIN? (Specify Yea		ACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 X YES		If yes, specif	y Cuban, Maxican, I	Puarto Rican, etc.)	В	lack, White, atc.
B⊀	3 Widowed 4 Divorced	WW II	DATES	I U YES 2 L	NO Specify:		Sp	Black
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BUS	INESS/INOUSTRY	7
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use n	t done during most of etired.)	f working			
를	12th		Photogr	apher		Dept.	of Ag	riculture
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18	. MOTHER'S NAME	(First, Middle, Maiden	Surname)	
BE C	Charles T. Ada	ms			Susie	Conway		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and I		ite Number, City or Town	, State, Zip Code)	
임	Ruth E. Reese	(Sister)						MD 20708
	20s. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION (Name of	of	DATE 20c. LOC	CATION — City or	Town, State
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remo	wal from State	nnetery, crematory or other Md Nat I	Memoria	al Pk.	7/28 Ta	urel.	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENORE	Λ	22. NAME AND A	ADDRESS OF FACIL	ITY	arcr,	110
	N/SGNACO	1/120.	11/1001	SNOWDI	EN FUNE	RAL HOM D 2085	E, P.A	
	- Course	C. / 000	weey	ROCKV	ILLE, M	ID 2085	0	
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that cause ist only one cause on	ed the death. Do not each line.	anter tha moda	of dying, auch a	s cardiac or respin	retory arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Final	Ca	ardiac Ar	rest	200			Onset and Death
	disease or condition resulting in death)	. CA	RDIAC	ARK	LEST			
		DUE TO (OR AS	A CONSEQUENCE OF ):	rterva	Disease			
Z	Sequentially list conditions,		2 120 MAIC	4 KR	TERY	1018B	ASE	
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	,	/			
길	CAUSE (Disease or injury	SUIC 70 (00 -0						
Ē	that initiated events resulting in death) LAST	DOE TO (OR AS	A CONSEQUENCE OF):					
5								
	PART II. Other aignificant condition	contributing to death	but not resulting in I	the underlying ca	ause given in Pa	rt I. 24a. WAS AN	WTOPSY 2	4b. WERE AUTOPSY FINDINGS
DICAL	of the country of the	OF RE	WAL	MSBAS	2	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	□ NO	OF DEATH?
Σ						-		1 TES 2 NO
AN	25. WAS CASE REFERRED TO-MEDICAL							
BY PHYSICIAN: ME	EXAMINER?	HOSPITAL:	0	Z8. PLACE	E OF DEATN (Check	only one)		
¥	1 VES 2 NO  27. MANNER OF DEATN	1 Impetient 2 ER/Out		☐ Nursing Home 5				
ᅕ	1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WORK?		Bd. DEŞCRIBE HOW IN	JURY OCCURED	
ĕ I	2 Accident Investigation			M 1 YES				
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe	IY — A1 home, ferm, stre- ecify)	et, factory, office	20	Bf. LOCATION (Street as City or Town, State)	nd Number or Run	al Route Number,
<b>5</b>								
릴		CIAN: To the best of my know						
COMPLETED	2 MEDICAL EXAMINE	R: On the besis of examination	on and/or investigation, i	n my opinion, death	occurad at the tim	ie, data and place, and	due to the caus	e(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Man Mal	- LAN	29	c. LICENSE NUMBE		29d. DATE SIGN	ED (Month, Day, Year)
		TOVULA	(hd)		D 339	42	▶ 7/1	9193
임	30. NAME AND ADDRESS OF PERSON WHO		EATN (ITEM 27) (Type, Pri	nt)			-	1
	PROMOD DUG	GAL, MD	GLBH	Law	rel MI			
	21 DATE EN ED Month One Vond	# 32. REGISTRAR'S SIGI	NATURE					
1	JUL 2 2 1993	Fulia Davidson-1	gandell.					

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Item

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760. this c After DIRECTOR: A hours after d item 28 is TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH arzana a JULY 993 18 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday, IF UNDER 24 HRS IF UNDER 1 YEAR 7. DATE OF BIRTH s. BIRTHPLACE (State or Foreign Country) 1 - MXX F DAYS HOURS 070-78-2067 28 2-1-1965 India 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITA BALTIMORE CITY BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Beltsville 1 TES 2 XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4705 Quimby Avenue 20705 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Asian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 12 years College (1-4 or 5+) 4 years housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) Syed Abul Kalam Khurshid Fatima BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Amin Ahmad Akhtar same as #10 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) George Washington Cemetery 7/19/93 Adelphi, Maryland E OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Md. 20705 23. PART 1. Entar the diseases, or combilications that caused the desth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition 2 week reaulting in death) SEQUENCE OF RISIS elogenous PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury ro MI that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) **EXAMINER?** HQSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ne 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED Natural Natural 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stata) COMPLETED 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the causs(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, end due to 296. SIGNATURE AND TITLE OF CERTIFIER BE Herb 86 2 Johns EI . 0 31. DATE FILED (Month) OY SIGNATURE PANDER

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death. F	funeral	
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I ENDING PHINICIAN: THE TAM PEQUIPS THAT THE DESTRICTION OF EXECUTED WITHIN 24 HOURS AREN DESTRIP. PAGE	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc	Cramat
Scured	og pu	Jainia!
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90	Ician	dor 1
ncate	phys	DA OU
Day	guip	Ivrie
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	for STATE REGISTRAR		STATE OF N		/ DEPAR					MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH			TIME OF DEAT	N
	BLANCHE		THER	ESA	P	NDE	RSON			JUL	Ÿ 20,°	1993	YEAR	1:40	Ам
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.	last birthday)		ER 1 YEAR	IF UNDER			OF BIRTH		. BIRTNPL	ACE (State or For	
	579-46-2653		1 ☐ M 2 💢 F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	Augi	in, Day, Year)		Country)	ington	
	9s. FACILITY NAME (If not in	stitution, give si	treet and number)			9b. CIT	ry, town o	OR LOCATE	ON OF DI		,	9c. COUNT			DO
S.	1032 ST. F	PAULS I	DRIVE			W	ALDO	RF				CHAI	SIES		
DIRECTOR	RESIDENCE OF DEC	EDENT					11220					CITAL	CLLS		2
2	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION					10	d. INSIDE CITY	
	Maryland	Char	les			Wal	dorf						1	☐ YES 2 [X]	NO
ĭ.	10a. STREET AND NUMBER						101	. ZIP COD	E			10g. CITIZE	N OF WHA	T COUNTRY?	
FUNERAL	1032 St. Pa	<u>uls Dr</u>	ive					2	20602	2		Unit	ed S	tates	
<u>5</u>	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	ARMED	13	. WAS DEC	ENDENT C	F NISPAI	NIC ORIGI	N? (Specify Yes			American India Vhita, atc.	n,
BY	1 Never Married 2 🔀 3 Wildowed 4 Divo		IF YES, GIVE W	AR OR DATES	Į IIO			2 X NO			Hican, etc.)		Specify:		
													Whi	te	
ETED	(Specify only	EOENT'S EDUC highest grade	completed)	18a. I	DECEDENT'S (Give kind of title. Do NOT ut	Work done	OCCUPATION during mo	ON ost of worldr	ng	188	. KIND OF BU	SINESS/INDU	STRY		
וקו	Elementary/Secondary (0	-12)	College (1-4 or 5 i	-)	shier		)			Ι.					
COMPL	17. FATNER'S NAME (First, M.	Intelle Least		0	ismier						Food Se	777	Com	pany	_
	Miller Owen										Middle, Maiden				
BE	19a. INFORMANT'S NAME (7)										eresa S				
유	John E. And										ber, City or Tow				
									ive,	, wa	dorf,	Maryl	and i	20602	
	20a. METNOD OF DISPOSITI 1/1 Burlal 2 Crematio 4 Donation 5 Other	ri 3 □ Remo	oval from State	cemetery, o	E AND DATE or	ther place	SITION (Na	ime of	,	OAT	20c. LO	CATION CI	fy or Town,	State	
	24 SIGNATURE OF EURERA	ermuer Co	FNSFE/		gton	Nat	i ona i	Lem ID ADORES	e. L	1/1-23	3-93 F	rling	ton,	Virgin	<u>iia</u>
	Mark	M.10	notare	w		ΙŤΪ	ie Hu	intt	Fune	eral	Home,	Inc.			
	Mark G.					[P.	.0.Bc	x 15	6 Wa	aldor	of, Mar	ryland	2060	04	
	23. PART I. Enter the di	seasea, or c	omplications that List only one cau	t caused the d	death. Do r	not ente	r the mo	de of dyl	ing, suc	h as car	diac or respi	ratory arrea	at,	Approxima	
	IMMEDIATE CAUSE (Fin	ai												Interval Be Onset and	
	disease or condition resulting in death)	<b>+</b> ,	DUE TO	RCII	MOL	PA	0	F	1	SR	EAST			142	
	Description (Vision II)					F):								1	
Z	Sequentially list conditi	one C		TAST		1									
Ĕ	if any, leading to immed cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONS	EOUENCE O	F):									
2	CAUSE (Disease or Inju		DATE NO.												
ERTIFICATION	that initiated events resulting in death) LAS	r	DUE 10	(OR AS A CONS	EUUENCE OI	+):									
CEF			1												
1 1	PART II. Other significa	nt conditions	a contributing to	death but not	resulting	in the u	nderiying	cause g	lven in	Part I.	24a. WAS AN		24b. WE	ERE AUTOPSY FIN	IDINGS
S											PERFOR	MEO?	CC	MILABLE PRIOR T MPLETION OF CA	
Æ										_	1 1 123 2	XIIIO		DEATH?	
										-			''	125 2 N	U
A	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF O	EATN (Chi	ack only of	ne)				
Sic	1 VES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHE 4   Nu		st Ra	sidence	6 Othe	er (Specific)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		28a. DATE OF (Month, De		28b. TIM	E OF	28c, INJ	URY AT		_	SCRIBE NOW I	NJURY OCCU	REO	<del></del>	
BY F		Pending nvestigation	(Month, De	sy, rear)	in in	URY		RK? (ES 2	NO						
		Could not be	28e. PLACE Of	F INJURY — At I	nome, ferm, s	street, fac	ctory, office	1		261. LOC	ATION (Street	and Number or	Rural Rout	e Number,	
		determined	Containing,	etc. (Specify)						City	or Town, State)				
7	29a. CERTIFIER (Check only	FYING PNYSIC	CIAN: To the beat of	my knowledge. s	death occurre	d at the	time, date	and place	and du-	to the co	use(a) and more	mar as stated			
COMPLETED			R: On the basis of ax											nd manner ee ete	sted.
	29b. SIGNATURE AND TITLE							29c. LICE			200				IFE.
BE	Krich	_	M H	the						HOER		ZVG. DATE S	I A	onth, Day, Year)	>
임	30. NAME AND ADDRESS OF	DEBSON WHO	COMBI ETED CAUS	E OF DEATH #7		0.1.0		D-28	332			,	ليد	1-7	2

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MATHUR M.D.

93

KRISHAN

31. DATE FILEO (Month, Day, Ye

9	3	2	2	5	2	2

	1 - STATE REGISTRAR		CE		ICATE O			REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		1.5	3. TIME OF DEATH
	Gary	Τ		Δ	lexand	or		0.7 2.0	19	YEAR	0515 M
	Gary  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1.9	6. BIRTHP	LACE (State or Foreign
	184-42-7303	1 🔀 M 2 🗌 F	42	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 10-6-50	,	Country)	ingdon, Pa
	9s. FACILITY NAME (If not institution, give	street and number)	72	3.0	9b. CITY, TOWI	OR LOCATI	ON OF DEA		9c. COU	NTY OF DE	ATH
DIRECTOR	I-70 @ Route	355			Fre	deri	ck		Fr	eder	ick
E C	10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
	Pa. Bed	dford			xton						LIMITS?
FUNERAL	10e. STREET AND NUMBER					iot. ZIP CODE	E		10g. CITI		IAT COUNTRY?
띮	701 Weaver	Street				16	678		1	USA	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARN	AED	13. WAS D	ECENDENT O	F HISPANI	C ORIGIN? (Specify Yes			- American Indian, White, stc.
BY	1 Never Married 2 1 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	0	1 U Y	S 2 XNO	n, Maxican Specify:	, Puerto Rican, etc.)		Specify	
	15. DECEDENT'S EDU	ICATION	16- DEC	COENTIO	USUAL OCCUPA	FIGN		Law was account			White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Giv	re kind of	work done during i	nost of working	19	16b. KIND OF BUS	IINESS/IND	USTRY	
7	1.2	College (I-4 or 3		uck	Drive	r		Commer	cia	1 Ца	uler
8	17. FATHER'S NAME (First, Middle, Last)				22270		HER'S NAM	E (First, Middle, Maiden		ı ma	ulei
BE C	Robert Ale	exander					elma				
8	19s. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Stree			oute Number, City or Town	-	Code)	
5	Sandra J. Al	lexander						axton, F			8
	20e. METHOD OF DISPOSITION	ovel from State	20b. PLACE A	ND DATE	OF DISPOSITION	Mama of	_	DATE 20c. LOC	CATION -	City or Tow	n, Stats
Ì	1 Donation 5 Other (Specify)		Cemetery, crem	ete:	ther place) Gr	andv	iew	7/23 Rd	Sax	ton,	Pa.
Ì	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE MOOS	544		22. NAME	AND ADDRES	SS OF FAC	S120k	Fun	2 2 2 1	Home PA
	Wn. Gelle	~ X . 3	-10		D1.1						HOME PA
	23. PART I. Enter the diseases, Dr	complications the	t caused tha dea	th. Do r	not anter the n	oda of dyi	ng, such	as cardiac or respi	ratory err	est,	Approximate
	shock, Dr haart fallure. IMMEDIATE CAUSE (Final	List only Dna cat	on each lina.	_	_						Interval Between Onset and Daath
	disease or condition resulting in death)	. /	Head	7	Nu	NES					
		DUE TO	(OR AS A CONSECU	UENCE O	F):						
Z	Sequantially list conditions,	b									
¥	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEO	UENCE O	F):						
윤	CAUSE (Disease or injury	c	(OR AS A CONSEO	IENCE O	n.						
CERTIFICATION	that initieted events resulting in death) LAST		(OII AD A GOIIGEOI	ochoc o	. ,.						
		d									
DICAL	PART II. Other algolificant condition	s contributing to	deeth but not re	suiting	in the underly	ng ceuse g	given in P	Part 1. 24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
8								1 XYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
M								_   / \		,	YES 2 NO
ž.											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DI	EATH (Chec	ck only one)			
ΥS	1 X YES 2 □ NO		ER/Outpetient 3		4 - Nursing Ho		sidence 6	X Other (Specify)	at s	scen	e
표	27. MANNER OF DEATH  1 Natural 5 Pending	26s. DATE OF (Month, D		26b. TIM INJ	URY	JURY AT		28d. DESCRIBE HOW IN	IJURY OCC	URED	
B	2 Accident Investigation	07 20 28s. PLACE 0		042	2	YES 2	V				accident
	3 Suicide 8 Could not be 4 Homicide determined	building,	FINJURY — At home		Hreet, factory, of	Ice	- 1	281. LOCATION (Street s. City or Town, State)			ute Number,
<u> </u>	29s. CERTIFIER		stree							355	
COMPLETED	(Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, deat	th occurr	ed et the time, da	is and placs,	end due to	o the cause(s) and man	ner as state	ed.	
8			Ammination sod/or in	vestigatio	п, in my opinion,			ime, data and place, and			
8	296. SIGNATURE AND TITLE OF CERTIFIE	1 _ ()	MA				NSE NUME				Wonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED COM	e (VV)	AT /7	2010		o.c.	M.E.	07	7 20	1993
	TI APANII A	( K C A	DE OF DEATH (ITEM								
	31. DATE FILED (Mogrit, Day, Year)	U 32 DÉCHETRA	AR'S SIGNATURE	1 P	enn St	reet	, Ba	ltimore,	Mai	ryla	nd 21201
		A PARTITION OF THE	in signiture								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1 - FOR STATE REGISTRAR		STATE OF I	MARYLA					HEALTH DEAT			YGIEN EG. NO	_	93	2,2523
		1. DECEOENT'S NAME (First,	AT	HEY	Bett	у А	they					2. DATE OF OMONTH	DEATH D	ay 1	YEAR 93	3. TIME OF DEATH 3
9		4. SOCIAL SECURITY NUMB 212-24-4663 212-10 9a. FACILITY NAME (If not ins	2583	5. SEX 1  M 2  F	6. AGE (In		birthday) YRS.	IF UNDER 1	DAYS	HOURS	MIN.	7. DATE OF E (Month, Da Aug 2	v. Yeari	919	Mai	ryland
	TOR	Greater Laur	el Be		_Hosp	ita	1	Lau		OR LOCATI	ON OF DE	ATH			nty of o	George
	DIRECTOR	10a. STATE Maryland	10b. COUNT	e George	<del></del>		10,000	r, TOWN OF	LOCA	ATION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
wast per	FUNERAL	7803 Brookly							10	207				10g. CIT		WHAT COUNTRY?
215-0020 attending physician de as the burtal-tra	ВУ	11. MARITAL STATUS  1 Never Married 2 X  3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X N	MED O	_ If	yes, s	CENOENT Copecify Cuba	in, Mexican	IC ORIGIN? (Si , Puerto Ricar	pecify Yea , etc.)	or No—	Speci	E — American Indian, k, Whita, alc. My: White
2 0 2	PLETED		DENT'S EDU highest grade 12)		+)	(Gh life.		e retired.)		ION lost of workin	ng	Hom		SINESS/INI		
RYLAND 2  ed by the hospital  old be detached for  ad at once.	BE COMPL	17. FATHER'S NAME (Flist, Mil.  John Alvin I	lardin	g						Add	ie Sł	ne (First, Middle Nort	, Maiden			
E, MAR y be retained to sage 5 should be notified	5	James Athey  20a. METHOD OF DISPOSITION				7	803 I	Brook	lyı	n Bri		- 1	Laur	el, l	Mary.	land 20707
ALTIMORE, Jeath. Page 6 may be funeral director, page xaminer must be		1 Donation 5 Other ( 21. SIGNATURE OF FUNERAL	n 3 □ Ram 'Specify)						em	etery		7/20		cation – entwo		wn, stata Maryland
		De Wit	Jan.	July	Z			Dor 313	al T	dson albot	Fune t Av	ral Ho e. Lau	re1,	Mar	ylan	d 20707
within 24 hours within 24 hours operation, or restrantion, or restrent, the median		23. PART I. Enter the offshock, or the immediate Cause (Find disease or condition resulting in death)	art failure.	List only one cau	COR AS A C	ch lina.		<u>C</u>	S	House	<u></u>		or respi	ratory ar	rest,	Approximata interval Batwee Onset and Dea
O. BOX 687, certificate be executed right physician and con Hygiene prior to burial, or other traumatic e	CERTIFICATION	Sequentially list condition of any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST	liata NG Ty	b. DUE TO	OR AS A CO	CONSEC	UENCE OF	Aes	AZ	_ W	me	MI				
RECORD; requires that the peen signed by the streath and M shows any Injury	MEDICAL	PART II. Other significant		PESSION						1)			WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
VITAL CIAN: The law intificate has I he State Depi or item 23	/SICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpat	tient 3	□ DOA	OTHER:		TLACE OF O		ck only one)	scify)			
PHYSIC with to with the d.	ву РНУ		ending reatigation	28a. DATE OF (Month, D	Pay, Year)		28b. TIME INJI	JRY M	1 [	JURY AT ORK? YES 2		28d. DEŞCRIE	E HOW II	YJURY OC	CUREO	
OR ATTENDING IDENTIFY After hours after death them 28 is man	ETED	4 Homicide d	could not be etermined	28a. PLACE O building,	of INJURY atc. (Specify	Al hon	ne, lerm, s	treet, lactor	y, offi	ce		281. LOCATION City or Tox		nd Number	r or Rural F	Route Number,
로 크 시 등	COMPL			CIAN: To the best of R: On the basis of a												) and manner as stated.
TO THE HOSPITE TO THE FUNERA De filed within 7 IMPORTANT: 1	TO BE	296. SIGNATURE AND TITLE	Ilm	- MC							NSE NUMI			29d. DAT	E SIGNED	(Month, Day, Year)
1		30. NAME AND ADDRESS OF CHUSTINE	DE L						PK.	Deix	4 5	116 LA	WEE	2 1	20 2	20707

32. REGISTRAR'S SIGNATURE
Fishia Davidson-Randall

31. DATE FILEO (Month, Day, Year)

JUL 1 9 '93

3. TIME OF DEATH  $1230\ P_{\text{M}}$ 

REBECCA

5. SEX

ADAMS

ACCAMS IDELLA

6		Ę	经外地
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-bransit permi	on, or removal,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely fi	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	4. SOCIAL SECURITY NUMBER 216-18-2301	5. SEX	6. AGE (In yrs. lest birthday) 69 YRS.	IF UNDER 1 YEA		(Mont	OF BIRTH		Country)	CE (State or Foreign
~	9a. FACILITY NAME (If not institution, give s				WN OR LOCATION OF DE	O 5	19 1	9c. COUNT	Y OF DEATH	1
TOT.	Anne Arundel	Medical	Center	An	napolis			Ann	e Arı	ındel
DIRECTOR	10a. STATE 10b. COUNTY	chester		Church	Creek				- 25	LINSIDE CITY LIMITS?
FUNERAL	1935 Chur	ch Cree	k Rd.		101. ZIP CODE 2162	22			U.S.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2X XNO WAR OR DATES	If yes	DECENDENT OF NISPAI I, specify Cuben, Mexics YES 2 NO Specif	ın, Puerto	N? (Specify Yes Rican, etc.)	or No—		American Indian, offe, etc. white
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	) Me. Do NOT u	work done during	g most of working	t	ailor Naval	shop	p, U.	S.
BE COMPL		McGee	Booze		18. MOTNER'S NA		Middle, Maiden			
10	Harold L. Booz	е			eet and Number or Rural 82 nd St					321
	20e. METHOD OF DISPOSITION 1  Burlal 2  Cremation 3  Rem 4  Donation 5  Other (Specify)		20b. PLACE AND DATE cometery, crematory or Dorchest	other place)	m. Park	7/2	6 CA	mbri	loe N	1d
	21. SIGNATURE OF PUNERAL SERVICE LIC	- 1	Jr.	700	Locust	St.	homas Camb	Fune ridge	eral e Md.	Home 21613
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CMU DUE TO	(OR AS A CONSEQUENCE OF AS	P):	fic fac					Interval Between Onset and Death
T. MEDICAL	PART II. Other significent condition  Acude Dive  Cerviced Re	e contributing to	hi	In the under	ying cause given in	Part i.	24s. WAS AN PERFOR	MED?	CON	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (Ch	eck only o	ne)			
Y PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		4 Nursing l	Nome 5 Rasidence INJURY AT WORK?  YES 2 NO		SCRIBE NOW I	NJURY OCCI	IRED	
ETED BY	3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — Al home, farm, etc. (Specify)	street, factory, (	office	281. LOC City	CATION (Street or Town, State)	and Number o	r Rural Route	Number,
COMPLI			my knowledge, death occur ramination and/or investigati							f manner as stated.
TO BE	396. SIGNATURE AND TITLE OF CURTIFIES	ul	M)	Ý,	D319	57		29d. DATE	SIGNED (Mo	nth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH HNDREW GORDS	N 16 A	runzy one	Ann	poks Md	21	401			/
	JUL 26 93	32. REGISTRA	A Daydon-Ronk	less						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundal-transit permit,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
HOSPITAL OR ATTE	FUNERAL DIRECTOR	within 72 hours after	TTANT: If Item 28	
THE CL	THE CL	be filer	MPO	

31. DATE FILED (Month, Day, Year) JUL 2 I 1993

	1 - STATE REGISTRAR	011112 01 1	NAUL LAND	DEPAR	TMEN	T OF H	EALTH	AND	MENT			E 9	3	22525
	1. DECEDENT'S NAME (First, Middle, L	nst)		SHIIF	ICATI	E OF	DEA	ın	2 DA1	RE TE OF D	G. NO.			3. TIME OF DEATH
	Samuel J. Bla	nk, Sr.							MON	Ju1	y I	3, 19	93 PEAR	12:05 A
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. le	st birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BI	BTH	, .		IPLACE (State or Foreign
	227-14-8376	1 😡 M 2 🗆 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	1	nth, Day,		00	Countr	(Y)
	9a. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY	Y, TOWN C	OR LOCATION	ON OF DE	EATH :	۷ I .	19		NTY OF D	irginia
<u>۳</u>	7717 Herthers	side Ln					cott					0.00	ward	
DIRECTOR	RESIDENCE OF DECEDENT							OIC	· y	_		110	waru	
뿔	10a. STATE 10b. CO					OR LOCAT								10d. INSIDE CITY LIMITS?
		ward		E1:	lico	tt C	ity							1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER					101	. ZIP CODE					10g. CIT	IZEN OF V	WHAT COUNTRY?
单	7717 Heathers						210	43				US	A	
2	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT C	F HISPAN	VIC ORIG	SIN? (Spe	ecify Yea	or No-	14. RACE	— American Indian, k, White, atc.
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES			1 TYES	2 X NO	Specify	y:	o moun,	artus		Speci	ttv-
	15. DECEDENT'S	FOUCATION	40.00											White
COMPLETED	(Specify only highest g	rade completed)	(G	CEDENT'S live kind of v Do NOT us	vork done	during mo.	on st of workin	ng	10	66, KIND	OF BUS	INESS/ING	DUSTRY	
21	Elementary/Secondary (0-12)	College (1-4 or 5	-)	Buil.	,					C o I	£ 77	1		
\ <u>\times_1</u>	17. FATHER'S NAME (First, Middle, Last)			Dull	uer						_	mp1o	yea	
	Louis Blank							HER'S NA Mie				Sumame)		
8	19a. INFORMANT'S NAME (Type/Print)			- 11 11 110	100050	0.40								
임	Dorothy Blank	•		6. MAILINO										21072
	20a. METHOD OF DISPOSITION		20b.PLACE		_			LII,						21043
	1 X Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)	lemoval from State	cemetery, cre Norb	metory or of	ther place)	silion/wa	me or	- 07	/21	/ O O	20c. LO	CATION —	City or To	wn, Stata
i	21. SIGNATURE OF FUNERAL SERVICE	LIGENSÉE .	NOID	eck I	_		D ADDRES			/93	01	ney,	MD	
	XIII	U 111	,		1	HAME AN	D ADDRES	SS OF PA		Hine	s/R	inal	di Fu	uneral Home
,	1 KULLO AX	mala_			1	1800	New	Ham	pshi	ire	Ave	, Si	lver	Spring, MD
	23. PART I. Enter the diseases, shock or heart fellu	or complications the	t ceused the de	eth. Do n	ot enter	the mo	de of dyl	ng, suci	h aa ca	rdiec p	r reepl	ratory an	reet,	Approximate
- 1	IMMEDIATE CAUSE (Finel								^					Onset end Death
	disease or condition resulting in death)	. Meta	STON C	MA	4	BV	2015	- (	A	Ne	1			ATREAN
			(OR AS A CONSE											1000
Z	Sequentially list conditions,	ь												
Ĕ	If any, leading to immediate	DUE TO	(OR AS A CONSE	DUENCE OF	ን:									
2	CAUSE (Disease or Injury	c												
ERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	7):									
E		d												
	PART II. Other significant conditions	lons contributing to	death but not r	eeuiting i	n the ur	nderlying	ceuse g	lven in	Part I.	24a.	WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2	1+18Torn	of Prox		SHO			000000			1	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		D								יי	YES 2	100		OF DEATH?
≥														1 WES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26 04	ACE OF DE	EATH MA	ak anti-	1				
<u> </u>	EXAMINER?	HOSPITAL:	EB/Outrotles 6	(1 pos	OTHER	R:								·
Ě	27. MANNER OF DEATH	26a. DATE OF		26b, TIME	- T	28c, INJU	1DV AT	sidence				I II I O O	CHRED	
	1 Natural 5 Pending	(Month, D		INJ		WOI		1 40	20g. DE	CŞCHIOE	HOW IN	JURY OC	CORED	
BY	2 Accident Investigation 3 Suicide 6 Could not	28e. PLACE O	F INJURY — At ho	me form s	trant fact			NO	004.10	0.000	101	444 - 4		
	4 Homicide 6 Could not determined	building.	etc. (Specify)	,, .	1001, 1001	ory, orne	,			y or Town		na Number	or Hunai H	loute Number,
COMPLETED	29a. CERTIFIER		- 100 page 200											
M P	(Check only	YSICIAN: To the best of												
O II	MEDICAL EXAM	INER: On the beals of a	camination and/or i	investigation	n, In my o	pinion, de	eth occur	ed at the	time, dat	te and p	lace, and	dua to th	e cause(s)	) and menner as stated.
ĭ ⊩														
BE CC	296. SIGNATURE AND TITLE OF CENTI	FIER	ma				29c. LICE	NSE NUM	BER	/		294. DAT	SHONED	Mongr. Age was

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 AEGISTRAD'S SIGNATURE
GUNA Davidson-Randall

DHMH-16 Rev 1/89

	1. DECEDENT'S NAME (First,	t, Middle, Lest)			CERTIFI				2. DATE C	REG. NO.		VEAS	S. TIME OF DEATH	EATH
	RUSSELL		н		I	BRETZ	, SR		07	13		3	1:40	P
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yr		IF UNDER 1 YE		ER 24 HRS.	7. DATE O	F BIRTH Day, Year)		B. BIRTH	IPLACE (State	or Foreig
	220-34-491		1 M 2 F	88	YRS.				SEPT.	15,190	)4 I		NOIS	
	WASHINGTO	ON AL		HOSF		PA CITY, TO	OMA				MONT			
2 E	RESIDENCE OF DEC	10b. COUN	тү		10c. CITY,	TOWN OR L	OCATION						10d. INSIDE	CITY
	MARYLAND	MON	TGOMERY		1	CAKOMA	PARK						LIMITS?	
11	10e. STREET AND NUMBER		100				10f. ZIP CO	DE			10g. CITIZE	EN OF W	VHAT COUNTE	
	719 KENNEBE	C AVE	NUE	101				209	912			USA		
	11. MARITAL STATUS 1  Never Married 2  3 2 Widowed 4  Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	₹ NO	If yo	DECENDENT I, specify Cui YES 2 X NO	ben, Mexica	n, Puerto Ri	(Specify Yes o	r No- 1	4. RACE Black Speci	— American c, White, etc. lly: WHITE	
		EDENT'S ED		164	a. DECEDENT'S L	SUAL OCCU	PATION		16b. I	KIND OF BUSIN	NESS/INDU	STRY	WILLE	
	(Specify only Elementary/Secondary (0	ly highest grad 0-12)	College (1-4 or 5	+)	(Give kind of we life. Do NOT use	ork done durin retired.)	g most of worl	king						
L			3	0.0	MECHA	ANIC				COLLEG	E			
-	17. FATHER'S NAME (First, M									iddle, Meiden St	urname)		= 7,15	
	CHARLES		BRETZ					DORA		GILES				
	DIICCETT U		TD		9314 G					or, City or Town,			T AND C	000
	RUSSELL H. ]		, JK.	Tank at				UAD	-	ER SPRI				.090
	1 ABuriel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rat	moval from State	cemeter	y, cremetory or oth	er place)			DATE		ATION - CI			
- 11-	21. SIGNATURE OF FUNERA		ICENSES	- GEUK	RGE WASH	ITNGIO	N		1//12	STADELLE	HI,	MAK	YLAND	
						22. NAM	E AND ADDR	ESS OF FA		7 120 22.				
	+ Jim	ath	4 2 Ca	lour	Mel	FRAN		. COI	LLINS	FUNERA	AL HO			000
	23. PART I. Enter the di	utho	complications the	mpl at caused th	e death. Do no	FRAN 500	CIS J UNIVE	. COI	CLINS LLINS BLVI	FUNERA	AL HO	PR.		_
	23. PART I. Enter the di ahock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallure	complications the	TIPLE	Ilna.	FRAN 500 ot anter the	CIS J UNIVE	. COI	CLINS LLINS BLVI	FUNERA	AL HO	PR.	,MD.20	ximet
	ahock, or he IMMEDIATE CAUSE (Fir disease or condition	eart fallure	complications the	TIPLE	Ilna.	FRAN 500 ot anter the	CIS J UNIVE	. COI	CLINS LLINS BLVI	FUNERA	AL HO	PR.	, MD . 20	kimet
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	ahock, or hi IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequantially list condit if any, laading to imme- cause. Enter UNDERLYI CAUSE (Disease or Inju	tiona,	a. Much Due To b. Due To c.	O (OR AS A CO	III U INSEQUENCE OF	FRAN 500 ot anter the	CIS J UNIVE	. COI	CLINS LLINS BLVI	FUNERA	AL HO	PR.	, MD . 20	ximet
	ahock, or himmediate CAUSE (Firdisease or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY!	tiona, adieta	a. Much Due To b. Due To c.	O (OR AS A CO	III U	FRAN 500 ot anter the	CIS J UNIVE	. COI	CLINS LLINS BLVI	FUNERA	AL HO	PR.	, MD . 20	ximet
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	ahock, or hi IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially liet conditi if any, laading to imme- cause. Enter UNDERLYI CAUSE (Disease or inju- that initiated events resulting in death) LAS	tions, distanting in the state of the state	a. Much Due to b. Due to d.	O (OR AS A CO	MINE.  THE UNIVERSEDUENCE OF ONSEQUENCE OF O	FRAN 500 ot anter the	CIS J UNIVE mode of d	• COI	CLITY LINS BLVI h as cardi	FUNERADO, W. Sono or respira	AL HOSIL.S	PR.	, MD . 20	and I
	ahock, or himmediate course for condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition and course. Enter UNDERLY CAUSE (Disease or injusted interest resulting in death) LAS  PART II. Other algnifications.	tiona, dileta ING ury ST Condition	a. Mucro DUE TO  b. DUE TO  d	O (OR AS A CO	IMME.  THY U  WHISEQUENCE OF)  WHISEQUENCE OF)  THOSEQUENCE OF)	FRAN 500 ot anter the	CIS J UNIVE mode of d	COIRSITY	CLITY LINS BLVI h as cardi	FUNERADO, W. Sec or reapira	AL HOSIL.S	PR.	MD . 20	and I
	ahock, or himmediate cause (First disease or condition resulting in death)  Sequentially liet condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuithat initiated events resulting in death) LAS	tiona, dileta ING ury ST Condition	a. Mucro DUE TO  b. DUE TO  d	O (OR AS A CO	MASEQUENCE OF	FRAN 500 ot anter the	CIS J UNIVE. mode of d	COIRSITY lying, auc	Part I.	FUNERADO., W. Sec or respira	AL HOSIL.S	PR.	MD . 20	SY FIND BOT TO DF CAL
	ahock, or himmediate cause (Fir disease or condition resulting in death)  Sequentially list condition in the cause in the cause of the cause or injusted of the cause of the c	tiona, dileta ING ury ST Condition	complications the List only one case  a. Mucro  DUE TO  b. DUE TO  d. DUE TO  d. HOSPITAL: 1   Inpatient 2   28a. DATE OF	O (OR AS A CO	INIA.  THY UNISEQUENCE OF ON SEQUENCE OF ON SEQUENC	FRAN 500 ot anter the	CIS J UNIVE mode of d  lying cause  s. PLACE OF Home 5   I INJURY AT	COIRSITY lying, auc	Part I.	FUNERADO., W. Sec or reapiral	UTOPSY LED?  NO	PR. at,	MD . 20 Appro Intervi Onset  WERE AUTOP AMAILABLE PI COMPLETION OF DEATH?  1 FYES 2	ximets and E  Bety and E  SY FIND TO DE CAL NO
3	ahock, or himmediate cause (Fired lasese or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLY!  CAUSE (Disease or injuited interested events resulting in death) LAS  PART II. Other algnification in the condition in the conditio	tiona, dileta ING ury ST Condition	complications the List only one case  a.	O (OR AS A CO	MINE UNITED UNIT	FRAN 500 ot anter the	CIS J UNIVE. mode of d  lying cause s. PLACE OF	OIRSITY Sylven in DEATH (Ch	Part I.	FUNERADO., W. Sec or respira	UTOPSY LED?  NO	PR. at,	MD . 20 Appro Intervi Onset  WERE AUTOP AMAILABLE PI COMPLETION OF DEATH?  1 FYES 2	ximets and E  Bety and E  SY FIND TO DE CAL NO
7	ahock, or himmediate course for condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition and course. Enter UNDERLY CAUSE (Disease or injusted in the course of the course for the course of t	tions, dilate in	DUE TO  DUE TO	O (OR AS A CO O	INIA.  THY UNISEQUENCE OF ON SEQUENCE OF ON SEQUENC	FRAN 500 ot anter the control of the under the control of the cont	UNIVE mode of d	OIRSITY Sylven in DEATH (Ch	Part I.  Pack only one  6 □ Other  284. DESC  Driv  285. LOCA	FUNERADO., W. Sec or reapiral	UTOPSY IDIA NO  DURY OCCUPATION  A Market Autority arrest	24b.	MD. 20 Approintervi Onset	kimets and E  sylventon of Cal
	ahock, or himmediate course for condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition and course. Enter UNDERLY CAUSE (Disease or injusted in the course of the course for the course of t	tiona, dilata ING ury ST Condition	DUE TO  DUE TO	O (OR AS A CO O	IN 3 DOA  29b. TiME INJU 12:4	FRAN 500 ot anter the	UNIVE mode of d	OIRSITY Sylven in DEATH (Ch	Part I.  Pack only one  6 □ Other  284. DESC  Driv  285. LOCA	FUNERADO., W. Soc or respira	UTOPSY IDIA NO  DURY OCCUPATION  A Market Autority arrest	24b.	MD. 20 Approintervi Onset	kimet il Bet and I  sylvania
	ahock, or himmediate cause (Fired lasese or condition resulting in death)  Sequentially liet condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injunction in the initiated events resulting in death) LAS  PART II, Other algnification in the initiated events resulting in death) LAS  PART II, Other algnification in the initiated events resulting in death) LAS  25. WAS CASE REFERRED TO EXAMINER?  1   Vest 2   NO   NO   NO   NO   NO   NO   NO	tiona, dilata ING Uny ST Condition Pending Investigation Could not be detarmined TIFYING PHYSICAL	DUE TO  DUE TO	O (OR AS A CO O	Inna.  INDU  INSEQUENCE OF)	FRAN 500 ot anter the second of the under the second of th	UNIVE mode of d	o COI RSITY lying, auc	Part I.  Part I.  Pack only one  CUX of the cause  to the cause  to the cause  to the cause	FUNERADO., W. Sec or respiral	UTOPSY BED? NO	24b.  24b.  PRED to W Rural F RE	MD. 20 Approintervi Onset	kimet kine kine kine kine kine kine kine kine
2	ahock, or himmediate cause (Fired lasese or condition resulting in death)  Sequentially liet condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injunction in the initiated events resulting in death) LAS  PART II, Other algnification in the initiated events resulting in death) LAS  PART II, Other algnification in the initiated events resulting in death) LAS  25. WAS CASE REFERRED TO EXAMINER?  1   Vest 2   NO   NO   NO   NO   NO   NO   NO	tiona, dilata ING ury ET Condition INCOME ET CONDITION INCOM	complications the List only one case  a.	O (OR AS A CO O	Inna.  INDU  INSEQUENCE OF)	FRAN 500 ot anter the second of the under the second of th	UNIVE mode of d  IVING cause  IVING cause  IVING Cause  INJURY AT WORK?  VES 2  office  29c. Li 29c. Li 29c. Li	o COI RSITY lying, auc	Part I.  eck only one  8 Other  281. Local NEV  to the caus  time, data a	FUNERADO., W. Sec or reapiral	UTOPSY LED? NO	24b.	MD. 20 Approintervi Onset	ximet in Bet and (  in Bet and

Penn Street, Baltimore, Maryland

HANGE MON 31. DATE FILED (MONTH, Day, Year)

3. REGISTRAR'S SIGNATURE

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within minur after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/69

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	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF			GIENE		
	1. DECEDENT'S NAME (First, Middle, Last)	DELMA C. BE	SSER			2. DATE OF D		3.	TIME OF DEATH
	081mA 1	BES	SEP			MONTH	, The C	YEAR	7400.
	4. SOCIAL SECURITY NUMBER 5.		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	BTTN I	BIOTHE	ACE (State or Foreign
	152-14-84-61		3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,	Your DO	Country)	ENN.
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNT	TY OF DEAT	TN
DIRECTOR	HOLV CROSS	HOSPI	TAL	SILV	ER S	ACIN	19 m	DNT	Jones L
입	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			1 40	d. INSIDE CITY
1 1 1 1	ma ma	And ams	DIC	, /c	0 00	0 0		1.00	LIMITS?
	10a. STREET AND NUMBER	VI 9011118		1416	of, ZIP CODE	-144			YES 2 NO
FUNERAL	1.16	m ~ 1	0.1	a de la contra del la	r. ZIP CODE	10.	10g. CITIZ	EN OF WHA	T COUNTRY?
빌	1121 WHIVE	RSI/Y	SLUX	) <del>-   -   -   -   -   -   -   -   -   - </del>	209	12		7,,0	4 5 7 7
15	11. MARITAL STATUS 12 1 Never Married 2 Married	P. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DE	CENDENT OF HISPAN pecify Cuban, Mexica	VIC ORIGIN? (Spi	ecify Yes or No-	I4. RACE -	American Indian, rhite, atc.
B	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR DA	TES TE		S 2 X ND Specifi		1		WHITE
	15. DECEDENT'S EDUCATI			1					
1	(Specify only highest grade con		16a. DECEDENT'S (Give kind of a life. Do NOT us	vork done during m		16b. KIND	OF BUSINESS/INDU	STRY	
1 2		College (1-4 or 5+)		,					
COMPLETED	8		HOMEM	AKER			OWN HOME		
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,	Maiden Surname)		
H	SAMUEL COLL	INS					ETTE WALI		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street	and Number or Rural I	Route Number, Cit	y or Town, State, Zip (	Code)	
-	EARL KLINEFELTER		12604	PENTEN	VILLE RD	SILVE	R SPRING	, MD	20904
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal	from State 20b.	PLACE AND DATE	F DISPOSITION (A	ame of	DATE	20c. LOCATION — C	ity or Town,	Stata
	4 Donation 5 Other (Specify)	/_ G1	ESEY ME	M. CEME	rery 7	/19	SHREWSB	URY.	PENN.
	21. SIGNATURE OF JUNERAL SERVICE LICENS	SEE /		22. NAME A	ND ADDRESS OF FA	CILITY TOS	CAWLERS 9	SONS	TNC
	D 1/21 22 24 A	1		5130	WI AVE N	I LIVORILI	NCTON D (	2010	016
-	22 PART I Seter the dispesse or any	ymn	110						010
	23. PART I. Enter the diseases, or com- ahock, or heart fellure. List	DRIV DRE CAUSE DR AS	the daeth. Do r ch line.	ot anter tha m	oda of dying, auc	h as cardiac D	r respiretory arre	st,	Approximata interval Between
	IMMEDIATE CAUSE (Final	All	Λ .						Onset and Death
	disease or condition resulting in death)	Attu	VSchoot	ic M	aut de	SUBL			
		DUE TO (DR AS A	CONSEDUENCE OF	): /\	A sec				
Z	Sequentially list conditions,	Acute /	140 Card	ial 1	section				
I E	if any, leading to immediate	DUE TO (DR AS A	CONSEDUENCE DE	ń:	1 0.1				
2	CAUSE (Disease or injury	Chyfer	AVL 1	eart	tail	me			
는	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE DE	).					
CERTIFICATION	d								
	PART II. Other significant conditions c	ontributing to death by	it not regulting i	n the underlyle	a cours alves la	Don't l 04-	WAS AN AUTOPSY		
MEDICAL	Smill	( ) (		0 -		Part I. 248.	PERFORMED?	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
ā	- Ornau	Cen C	MUMON	1000si		_ 10	YES 2 NO		MPLETION DF CAUSE DEATH?
Σ						[		1 (	YES 2 NO
PHYSICIAN:									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			LACE OF DEATH (Ch	eck only one)			
S		Inpetient 2 ER/Outpe	tient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Rasidence	8 Other (Spec	:ify)		
둦	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE	HOW INJURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(World, Doy, IDE/)	. 1143		YES 2 NO				
	3 Suicide 8 Could not be	28s. PLACE OF INJURY	Al home, farm, s	treet, factory, offic	ce ce	28f. LOCATION	(Street and Number o	r Rural Route	e Number,
TED	4 Nomicide detarmined	building, etc. (Special	"			City or Town	n, State)		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	: To the best of my knowle	doe doeth com	d at the the	and aless at a	to the contract			
M	(Check only one)  2 MEDICAL EXAMINER: D								92000115-6151
8				., ar my opinion,					
H	296. SIGNATURE AND TITLE DF CEDIFIER	K M	D		29c. LICENSE NUN	O /	29d. DATE	SIGNED (MC	onth. Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	/ / /			12/0	565	7	115	193
	SOUTH THE AREA OF A PERSON WHO CO	IMPLETED CAUSE DE DEA	TM (ITEM 97) /Kma	Defeat)	. 1				

In iversity 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE
Julia Davidson-Randall

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	OR	DIRE
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		FOR 1 . STATE		STATE OF MARY					D MENT	AL HYGIEN		3 2	2528
		REGISTRAR  1. DECEDENT'S NAME (First,	Middle Last		CI	ERTIFI	CATE O	F DEATH		REG. NO			
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CHINA.		332-67-	1378	5. SEX 6. AC	GE (In yrs. los 75	YRS.	IF UNDER 1 YEAR MONTHS DAYS		M. (Mc	E OF BIRTH rith, Day, Year)	18	Country) III:	inois
	OR	Howard Cour			pi ta l	86. CITY, TOWN OR LOCATION OF DE Columbia, Md.					OF DEAT	1	
	2	RESIDENCE OF DEC	EDENT			I 100 CITY	, TOWN OR LO				7.0		
physician. burial-transit permit. Page	DIRECTOR	MD  10e. STREET AND NUMBER	HOW				LLICOT	CITY				100	d. INSIDE CITY LIMITS? YES 2 NO
sit per	FUNERAL		~ 17-11	arr Dd				21043					T COUNTRY?
ician.	3	9221 Spring	g vall	12. WAS DECEDENT EVE	R IN U.S. AR	MEQ	13. WAS 0	ECENDENT OF HIS	SPANIC ORK	IN? (Specify Yes		USA BACE -	American Indian.
or attending physician r use as the burial-trai	BY	1 Never Married 2 3 Widowed 4 Divor		IF YES, GIVE WAR OF	ES 2 🗍 I R DATES VII	40	If yes,	specify Cuben, Me	exican, Puert pecify:	o Rican, etc.)		Specify:	hite, etc.
atten Se as	윤	15. OECI (Specify only	EDENT'S EDUC	ATION	16a. DE		USUAL OCCUPA		_1	6b. KIND OF BU	SINESS/INDUS	TRY	
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5 should notified	6 6	19a. INFORMANT'S NAME (7)	pe/Print)		194	b. MAILING	ADDRESS (Street	et and Number or R		mber, City or Tow	m, State, Zip Co	ide)	
y be re age 5	-	John M. Be	-			_		Flower W					
e 6 may ector, pa must b		20s. METHOD OF DISPOSITION    Burlal 2   Cremation 3   Removal from State    Commatter   C											
Page al dire		21. SIGNATURE OF FUNERAL		ENSEE	SE JO	onn's		ANO ADDRESS O	F FACILITY	0-93 E.	Llicot	E (1)	
nours after death. Page 6 may be ad in by the funeral director, page or removal.  medical examiner must be		Harr	y ×	V. Wits	le)		4112	cy H Wit 2_Old Co	1umbi	a Pike	Ellic	ott (	21043 City MD
ign in its		23. PART i. Enter the dishock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	art fallure.	omplications that dau- list only one dausé of	S (	Con	w	mode of dying,	such as co	ordiac or resp	iratory arrea	t,	Approximate interval Between Onset and Death
executed within and completely o burial, cremat matic event,	NC	Sequentially list condition	ons.										
or to	CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
death certificate be executed attending physician and con ental Hygiene prior to burial, iry, or other traumatic en	CERTIFICATION	that Initiated events resulting in death) LAST  d.											
death e atte lental	CE	DART II ON I											
te law requires that the has been signed by the Dept. of Health and Mr 23 shows any Inju	MEDICAL	PART II. Other significan	nt condition	contributing to death	h but not r	resulting is	n the underly	Ing cause giver	n in Part I.	24a. WAS AN PERFOR	RMED?	AM CO OF	RE AUTOPSY FINDINGS ARABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
has be Dept.	PHYSICIAN:	25. WAS CASE REFERRED PO	MEDICAL				20	PLACE OF OEATN	Check*	onel			
N: The ficate State	SICI	EXAMINER?		HOSPITAL:	Outpatient 3		OTHER:	ome 5 Resider					
PHYSICIA this certif with the ted, or	ЭНУ	27. MANNER OF DEATH		28s. DATE OF INJUF (Month, Day, Yes	RY	286. TIME INJU	OF 28c.	NJURY AT		ESCRIBE HOW I	NJURY OCCUP	RED	
	8Y		Pending nvestigation				M 1	YES 2 NO					
TTENDI TOR: A after d			Could not be letermined	26a. PLACE OF INJU building, etc. (S	JRY — At ho Specify)	me, ferm, st	treet, factory, of	fice	28f. Lf	CATION (Street ty or Town, State)	and Number or	Rural Rout	Number,
E AN E	COMPLET			CIAN: To the best of my kn								ause(a) an	d manner as stated.
를 를 물	8E	296. SIGNATURE AND TITLE	OFCERTIFIER	ro				299 DICENSE	NUMBER 7	12	29d. DATE S	IGNED (M	orgh, Day, Year)
223	5	30. NAME AND ADDRESS OF	PERSON WHI	COMPLETED CAUSE OF	DEATH (INE	M 27) (Type,	Print) 5	5 LIH	Le 8	celips	1 G	alm	nhaha
15		31. DATE FILED (Month, Day, ) JUL 2 0 '93		182, REGISTRAR'S SI	GNATURE - hand	all.						J = 10	· jour · e
		00L - 0 00											



DIRECTOR

4. SOCIAL SECURITY NUMBER

218-20-0844

Maryland

Edwin Ray

9s. FACILITY NAME (If not institution, give street and number)

6. AGE (in yrs. last birthday)

YRS.

67

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

DAYS

Hospital, Elkton, mp

21921

9b. CITY, TOWN OR LOCATION OF DEATH

Port Deposit

Bennett, Sr.

5. SEX

Residence: 5 Benjamin Park Drive

10b. COUNTY

1.XM 2 | F

3. TIME OF DEATH

2. DATE OF DEATH MONTH DAY July 21

7. DATE OF BIRTH (Month, Day, Year)

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	BALTIMORE, MARYLAND 21215-0020	6 may be retained by the hospital or attending physician.	actor, page 5 should be detached for use as the burial-transit mermit
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	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 nours after death. Page 6 may be retained by the hospital or attending physicial	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the huna-transfer
	/ISIO	ATTENDING	CTOR: Afte
	5	OR	OJR.

#		Maryland	Cecil			Port	Deposit			
permit	A	10e. STREET AND NUMBER					101. ZIP CODE			T
늏	E	5 Benjamin Pa	rk Drive, P.O	. Box	161		21	1904		ı
the hospital or attending physician, detached for use as the burial-transit once.	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S.	2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					
ling phy the bu	ВУ	1 Never Married 2 Marr 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES						
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the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle,	Last)			- 0	18. MOTHER'S			_
8 & a		Robe	rt J. Bennett				-113 GIL-CO		aiden 1	
Page 6 may be retained to director, page 5 should ner must be notified.	BE (	19a. INFORMANT'S NAME (Type/P		T	19b. MAILING	ADDRESS (Stre				_
5 S S	유	Barbara Z. Be	nnett	9	196. MAILING ADDRESS (Street and Number or Flural Aboute Number, City or Town 5 Benjamin Park Dr., P.O. Box 161					
page t		20a. METHOD OF DISPOSITION			E AND DATE OF	F DISPOSITION	(Name of	DAT	E 20c. LO	_
e 6 ma ector, p must		1 🖄 Buriel 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	☐ Removal from State	High	crematory or oth	er placa) emoria	1 Gardens	3 7/23	3/93 I	Fa
rs after death. Page 6 may be 1 by the funeral director, page removal. idical examiner must be i		21. SIGNATURE OF FUNERAL SEI	IVICE LICENSEE			22. NAMI	AND ADDRESS OF	FACILITY		
hours after death. Pag ed in by the funeral di or removal. medical examiner		homas	m there	1331	<-		A. Patte			
after ny the moval		23. PART I. Enter the disease	es or compileations that o		doubth Do no		ryville,			21
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardle shock, or heart fellurs. List only one cause on each line.								
the life fi		iMMEDIATE CAUSE (Final disease or condition	00	PD	-17	1.1	- to c15			
ed within 24 ompletely fill al, cremation, event, the		resulting in death)	a. DIE TO (O	R AS A CONS	SEQUENCE OF	A) b	estosis			_
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	CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (DR AS A CONSEQUENCE DF):								
hcate be physician ne prior tr	EA	cause. Enter UNDERLYING								
certificat nding phy Hygiene p	E	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEDUENCE OF):								
S E E	H	resulting in death) LAST								
the death  the atte d Mental lnjury, c	H	PART II Other significant conditions contribution to death but set condition in the conditions in the condition								
	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS / PERF								
uires that signed to Health ar WE any	Ö							-	1 🗌 YES 2	火
v requires been sign t, of Heal								—	ĺ '	,
law Dept 23	CIAN:	25. WAS CASE REFERRED TO ME	NCAL T							
N: The icate h State	<u> </u>	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (			
certificate the State or Item	PHYSI	1 YES 2 NO	1   Inpatient 2   E		3 LI DOA		lome 5 Residenc	_		
NG PHYSI fer this c eath with marked,	4	1 Natural 5 Pend	ng (Month, Day,	Ybar)	INJU	RY	WORK?	28d. Des	SCRIBE HOW I	NJU
After death	BY	2 0 0 1114	igation 28e. PLACE OF II	NJURY — At	home farm str			284 1.00	ATION (Street a	
L OR ATTENDING P DIRECTOR: After thours after death them 28 is man	ED	8 C00k	not be building, ato	. (Specify)		reot, ractory, c	11104	City	or Town, Stata)	B/ PCJ
OR A DIREC hours	PLET	29a. CERTIFIER								_
<b>国 文 2 日</b>	- ≥		G PHYSICIAN: To the best of my							
THE HOSPITAL THE FUNERAL filed within 72 I PORTANT: If I	8		EXAMINER: On the basis of axan	matron short	or introducion	, m my opinio			and place, an	d d
世界 20	B	296. SHOWATURE AND TITLE OF					29c. LICENSE N	UMBER		21
2 2 3 3	0	30 NAME AND ADDRESS OF DED	SON WHO COMES EVED CALLOS	DE DEATH			1/17	114		L

Fichia Davidson Randalle

1993 03:52A M 8. BIRTHPLACE (State or Foreign May 16, 1926 West Virginia 9c. COUNTY OF OEATH Cecil 10d. INSIDE CITY 1 🗌 YES 2 💢 NO 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, Whits, etc. White OF BUSINESS/INDUSTRY timore, Maryland Maiden Sumame) en Name Unknown) y or Town, State, Zip Code) 161, Port Deposit, MD 20c. LOCATION - City or Town, State 3 Fallston, Maryland Son Funeral Home 21903 or respiratory arrest, Approximate Interval Between Onset and Death WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO E HOW INJURY OCCURED (Street and Number or Rural Route Number, n. Stata) and manner as stated. place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 7/21/93

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
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	1. DECEDENT'S NAME (Fin	et Middle Leet		<del></del>			OAI	L 01	DLA			IEG. NO.			
			Beilstei	n							2. DATE OF MONTH	DV		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	um faci	hintholm A	er impr	D 4 VEAR	AET 1 10 APT 00		July		19		2:04P. M
	031-16-5969		1 □ M 2 🙀 F		95	YRS.	MONTHS	DAYS	HOURS	R 24 HRS. MIN.	(Morith, Day, Year) 02/25/1898		3	a. BIRTHP	
	9a. FACILITY NAME (If not	institution, give	street and number)	Der)			9b. CITY, TOWN OR LOCATION OF DE						OUNTY OF DEATH		
DIRECTOR	Sykesville 7309 Second RESIDENCE OF DE	Eldero L Aveni	care Cent	er	Sykesvill				lle, Md.			Car	Carroll		
Ä	10a. STATE	10b. COUNT	TY			10c. CIT	Y, TOWN	OR LOCAT	ION						IOd. INSIDE CITY
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UNERAL	3885 Watson							101	ZIP COL	£ L791				J.S.A.	IAT COUNTRY?
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ED	15. DE	CEDENT'S EDI	JCATION	1	16a. DE	CEDENT'S	USUAL (	OCCUPATIO	N	da a	16b. KIR	ID OF BUS	SINESS/IN		77712 00
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E 8	17. FATHER'S NAME (First, Clement M.		rdoro1								ME (First, Midd				
TO BE COM	19a. INFORMANT'S NAME		.derer		405	MARINO	400000	20 (0)			Marie				
1 를	Laurence V										Route Number, (				
ust be	20a. METHOD OF DISPOSI	lon 3 🗆 Ren	noval from Stata	cemet	LACE A	ND DATE O	P DISPO	SITION (Na	me of		DATE	20c. LO	CATION -	City or Town	•
E	4 Donation 5 Other		Officer	- I We	stm	inst	er (	Cemet	ery		7/26	Wes	tmin	ster,	Md.
medical examiner must	22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son Funeral Home 254 E. Main St., Westminster, Md. 21157  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate														
matic event, the	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Atherosclaratic Carone (Scale Visase Onset and Death)  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):														
or other trau	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):														
MEDICAL	PART II. Other algnificent conditions contributing to leeth but not resulting in the underlying ceuse given in Part i.    24a. WAS AN AUTOPSY PERFORMED?   1   YES 2   NO   NO   NO   NO   NO   NO   NO										MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
23 AN	25, WAS CASE REFERRED	TO MEDICAL						26 84	ACE OF I	DEATH (C)	eck only one)				
Item 23	EXAMINER?		HOSPITAL:	E9/Outpet	lent 3	□ DO4	ОТНЕ	R:							
BY PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, C	INJURY		28b. TIM		28c. INJ		esidence	6 Other (Sp 28d. DESCRI		NJURY OC	CURED	•
Is marked, D BY PH	2 Accident	Pending Investigation	28a. PLACE C	OF INJURY -	- At hor	ne, farm, s	M treet, fac		ES 2 [	□ NO	281. LOCATIO	N /Street s	and Numba	e or Burnt Box	ita Mumbar
00 111	4 Homicide	Could not be detarmined	building,	etc. (Specify	()			30 120				wn, State)			
ANT: If Item 2			ER: On the best of a												and manner as stated.
MPORTANT	29b. SIGNATURE AND TITE	E OF CERTIFIE	G.			-			29c. LIC	ENSE NUI	MBER		29d. DA1	E SIGNED (	Aconth. Day, Year)
₹ P	polit o	7. /	1000						V3	280	92		1	126/	73
	30. NAME AND ADDRESS O	C. PERSON WI	1055	SE OF DEAT	N (ITEM			Cen	for	De	ia	Reis	157	wh 1	41.
	31. DATE FILED (Month, Day JUL 26'9		2 REGISTRA	R'S SIGNA	PEN	182									2/136

BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physicia by the tuneral director, page 5 should be detached for use as the burla-transpared.	LORATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  LORATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital physician and completely filled the by the fundered director, page 5 should be detached for use as the burlat-transit permit. Page 5 should be detached for use as the burlat-transit permit. Page 10 hours after death with the State float of Hashib and Mariat Houless of the more after death with the State float of Hashib and Mariat Houless of the hurst command.
	free that the death certificate be executed within 24 hour signed by the attending physician and completely filled in death and Mental Horison once in burial committee of the signer of

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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YSIC	s cei	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d,
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4. SOCIAL SECURITY NUMBER		5. SEX		in yrs. lest birthday	MONTHS	DAYS	IF UNDER	24 HRS.	7. QA	TE OF BIRTH		Count	IPLACE (State or Foreign		
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						ospital Westminster					Carr				
						10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
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10e. STREET AND NUMBER							f. ZIP COD				T 40- 04	TITEN OF	1 X YES 2 NO		
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3 🔣 Widowed 4 🗌 Divorced		IF YES, GIVE V	MAR OR DA	ATES		1   YES	2 🔀 NO	Specify	y:			Spec	<sup>™:</sup> Caucasia		
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9a. INFORMANT'S NAME (Type/	Print)		_	19b. MAJLIA	NG ADDRES	SS (Street =	and Number	or Rural A	Route M	umber, City or Tow	m Stein 7	in Corle			
Judith A. Roo				3 Red	Oak	Rd.	, St.	Jan	nes	New Y	ork	1178	30		
Qa. METHOD OF DISPOSITION			205	. PLACE AND DAT					_			- City or To	Chata		
Burlal 2 Cremation :		oval from State		Nassau				oru					ton, NY		
H. SIGNATURE OF FUNERAL SE		more I a	-	Nassat								_			
.///	m	18	0		"	. NAME AF	NU ADDRE	35 UT PAL	CILITY	SKILES	FUNE	RAL I	HOME		
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23. PART Linter the diseashock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ises, or c	List only one can	uced a	la INScop	not ente	r the mo	de of dy	ing, fuct	ore	St., T	aney	town,	Approximate Interval Between		
shock, or heart immEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	i fallure.	DUE TO	LECENT OF AS	Tonescourace  Consequence  Consequence	not ente	rel 0	de of dy	yro. west	ore	St., T	aney	town,	Approximate Interval Betw		
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND	MENTA	L HYGIEI		J 2	2002
5		1. DECEDENT'S NAME (First, Middle, Lest). HAROLD L.	BURNETT				2. DATE	OF DEATH		YEAR 3.	TIME OF DEATH
(400		4. SOCIAL SECURITY NUMBER  159-22-6893  98. FACILITY NAME (If not institution, give	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE	OF PURTH	8-	PA	ACE (State or Foreign
	TOR	University Of		1	Balti	MOLE	DEATH			O . (	City
ift. Pages	DIRECTOR	10a. STATE 10b. COUNT	ford		y, town on Local					d. INSIDE CITY LIMITS?  Z N ES 2 NO	
in. ansit perm	FUNERAL	100. STREET AND NUMBER 438 Holly Dri	ve			01. ZIP CODE 21001			10g. CITIZ	EN OF WHA	T COUNTRY?
21215-0020 all or attending physician. for use as the burial-transit permit.	ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TO YES IF YES, GIVE WAR OR D	2 NO	□ NO If yes, specify Cuban, Mexican, Puerto Rican, atc.)  Black, W  1 □ YES 2 ▼ NO Specify: Specify:						American Indian, //hite, etc.
	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 yrs	College (1-4 or 5+)	(Give kind of life. Do NOT u		ost of working	16b		JSINESS/INOU		
MARYLAND 2 retained by the hospital 5 should be detached fo notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Herman Lewis	2 vrs	Caree	r mili	18. MOTHER'S N					
	TO B	19a. INFORMANT'S NAME (Type/Print) Frances Lou B				and Number or Aura	Route Numi	ber, City or Tox	vn, State, Zip (	lode)	
MORE, I ge 6 may be firector, page r must be r		20e. METHOD OF DISPOSITION  1 Deniel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cen	o. PLACE AND DATE netery, crematory or d YALNGTO	of disposition (A ther plece) n Nat'	lame of	7 / 2	E 20c. L	OCATION — C	ty or Town,	
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		·held/lu	Mul	/	Arn P.O	old W. Box 1	Bear 88 F	Jaure	de C	race	
24 hours aft filled in by tion, or remother		23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e  a. LWC BT  DUE TO (OR AS	each line.	not enter the m	ode of dying, su	ch aa card	liec or reas	Piratory erre	ıt,	Approximate Interval Between Onset and Death
P.O. BOX 68 h certificate be execu- inding physician and Hygiene prior to burn or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  24a. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO									
RECORD: requires that the sen signed by the of Health and M shows any Inju	MEDICAL									CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
TAL The lan the has ate Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER® 1  YES 2  NO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Outs	petient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C					
	ву РНУ	27. MANIVER OF DEATH  1  Hetural 5 Pending 2  Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO			INJURY OCCU	RED	li .
ISIC ITENDI ITOR: A after de		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, city)	street, factory, offi	ce .	28f. LOC. City	ATION (Street or Town, State	and Number o	Rural Route	Number,
보호 보드	COMPLETE		ICIAN: To the best of my know IR: On the basis of examination								d manner as stated,
TO THE HOSPI TO THE FUNER be filed within	TO BE	29b, SIGNATURE AND TITLE OF CERTIFIE	ver Mil	7.		29c. LICENSE NU	lent ent		29d. DATE	SIGNED (MO	onth, Day, Year)
		1061 W. Ba	O COMPLETED CAUSE OF DE	GalTo	Print) MO	212;	30				
		31. DATE PILEDYMANN (SA) (6ar)	A THE STAR'S SIGN	HELLE		55					

GTMSH HTW

Margaret O. Martin

Frances Lou Burnett

438 Holly Dr. Aberdeen, MD 21001

Arkington Nat'l Cem. 7/22 Arlington, VA

Arnold W. Beard Funeral Service P.O. Box 188 Havre de Grace, MD

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		DEG NO

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND F DEATH	MENTAL	HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH
	Elliott			Bliss		J1	ily 7	93	5:05 P M
3	4. SOCIAL SECURITY NUMBER 066-05-3963	5. SEX 6. AGE	(In yrs. lest birthday) YRS,	IF UNDER 1 YEAR		7. DATE (	OF BIRTH	1906 °	RTHPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOW	N OR LOCATION OF D		,	9c. COUNTY O	diana
DIRECTOR	Memorial Hos			Eas				Talb	
EC.	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
	Maryland Tal	bot	S	t. Mich					1 YES 2 NO
FUNERAL	24013 New Land	Rd.			21663			U.S.A	F WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS E	ECENDENT OF HISPA	ANIC ORIGIN	? (Specify Yes o	or No.— 14. R	ACE — American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES NO		specify Cuban, Maxic ES 2 X NO Spec		lican, etc.)		lack, Whita, atc.
	15. DECEDENT'S EDU	CATION							
11	(Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of title. Do NOT us	work done during		16b.	KIND OF BUSI	NESS/INDUSTR	Υ
7	Elementary/Secondary (0-12)	College (1-4 or 5+) 4	10000	tment E	lanker	1	Banking	יי	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		111100	unone 1	18. MOTHER'S N				
BE C	Edward B. Bli	ss			Arathus				
0 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural	f Route Numb	er, City or Town,	State, Zip Code,	
۲	Ruth C. Bliss		P.O.	Box 188	St. Micl	haels	, Mary	land 21	.663
	20a, METHOD OF VISPOSITION  1	oval from Stata Cen	PLACE AND DATE	of Disposition	Name of y July S	0 1 0 0	20c. LOCA	ATION — City o	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC		apritor C	22. NAME	AND ADORESS OF F	ACILITY			04.000
	Haning	Leonus	cl		ison E. I				me <sup>21003</sup> s, Maryland
	23. PART I. Enter the diseases, or canonic shock, or heart failure.	complications that caused List only one cause on e	the death. Do r	not antar tha	node of dying, su	ch aa card	iac or reapire	atory arreat,	Approximate
	IMMEDIATE CAUSE (Final	1		) 1	1.				interval Between Onset and Death
	disease or condition resulting in death)	· Myoca	relial	Mela	with	Λ			Thous
1		OUE TO (OR AS A	CONSEQUENCE	F):					100
CERTIFICATION	Sequentially list conditions,	b DUF TO (OR AS (	CONSEQUENCE OF	D:					
Ä	if any, leading to immediate cause. Enter UNDERLYING			,					
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):					
ERT	resulting in death) LAST	d							
11	PART Ji. Other significant condition	s contributing to death b	ut not resulting	in the underly	ing cause given in	Dart I	24a. WAS AN A	rmoney	
CAL	Hyxalenno		at not resulting	in the onderly	ing cause given it		PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
9	11/0	1				-	1 YES 2	NO	OF DEATH?
≥						- 1			1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one	»)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 N Inpetient 2 ☐ ER/Outp	atlent 3 DOA	OTHER:	ome 5 🗆 Residence				
£	27 MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c.	NJURY AT			JURY OCCURED	
BY	Netural 5 Pending Investigation	(many cop may		and the same of th	YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	At home, farm, a	street, factory, of	fice	281. LOCA	TION (Street and	d Number or Ru	al Route Number,
E I	4 Homicide determined	$\perp$	-22			, .	ionii, oldio)		
COMPLETED	CENTIFYING PHYSII	CIAN: To the best of my know R: On the besis of examination	and/or investigation	n, in my opinion	ta and place, and du	s to the cause	se(s) and mann	er as stated.	rafs) and manner as stated
· I	296. SIGNATURE AND TITLE OF CERTIFIER			A AN	29 LICENSE NU			29d. OATE SIGN	
TO BE	20. MANIE AND ADDRESS OF PERSON WH	PIX	104	W	1027	40	9	▶ 7-	7.9/3
4	Lawrence P. Boh	M.D.	ns Lane	East	on, Maryl	and	21601		
	"JOE" ( 9" 1993'	32. BEGISTRAR'S SIGN	ature note be						

3. TIME OF DEATH

:15

M

10a. STATE

A SOCIAL SECURITY MUMBER

219-01-8049

RESIDENCE OF DECEDENT

1 Never Married 2 Married

3 Widowed 4 Divorced

Seventh

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

Maryland

11, MARITAL STATUS

9a. FACILITY NAME (If not institution, give street end number)

217 Tred Avon Avenue

217 Tred Avon Avenue

15. DECEDENT'S EDUCATION

C.

(Specify only highest grade compl

Allie

Ernestine D. Blades

20s. METHOD OF DISPOSITION
1 (Seurial 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Michael

**IMMEDIATE CAUSE (Final** 

Sequentially list conditions,

If any, leading to immediate cause. Enter UNDERLYING

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

29b. SIGNATURE AND TITLE OF CERTIFIED

DATE EILED (Month, Day, Year)

1 2 1993

William H.

5 Pending Investigation

6 Could not be

1 YES ZY NO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

(Check only one)

**CAUSE** (Disease or Injury

that initiated events resulting in death) LAST

disease or condition

resulting in death)

16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)

20b. PLACE AND DATE OF DISPOSITION (Name of

Truck & Grain Farmer

BLADES

ROLAND

12. WAS DECEDENT EVER IN U.S. ARMED

FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES

Blades

12

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA

26e. DATE OF INJURY (Month, Day, Year)

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

8. AGE (In yrs. last birthday)

2 X NO

Junior

Tropec

93 YRS.

5. SEX

1 GM 2 F

Talbot

College (1-4 or 5+)

Eskew

shock, or heart failure. List only one cause on each line.

Talbot

10d. INSIDE CITY 1 YES 2 NO

10g. CITIZEN OF WHAT COUNTRY? United States

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Specify: White

16b. KIND OF BUSINESS/INDUSTRY

20c. LOCATION — City or Town, State

Agriculture

18. MOTHER'S NAME (First, Middle, Meiden Surname)

Frances E. Cheezum

DATE

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 217 Tred Avon AVe., Easton, MD 21601

21601

If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify:

10f. ZIP CODE

7-11 Preston, Maryland Order Cemetery 22 NAME AND ADDRESS OF FACILITY. Framptom-Hawkins-Eskow Funeral Home P.O. Box 43, Federalsburg, MD 21632

23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Betw Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO

26. PLACE OF DEATH (Check only one) ne 5 X Residence 6 - Other (Specify)

NJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED
YES 2 NO	

OTHER:

28c.

4 Nurs

28b. TIME OF

26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 1 (Check note: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

Ecol 1 un 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

> Wood, Jr., M.D. 506 Idlewild Ave., Easton, MD 21601

32. REGISTRAR'S SIGNATURE Like Kariston Randiste

permit.

DIRECTOR

FUNERAL

ΒY

COMPLETED

0

once.

7 8 notified

Pe

must

examiner

medical

the

traumatic event,

other t

6

any injury,

Item

6

marked,

50 ETED

TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPL

BE

9

filled in by the funeral on, or removal.

0

24 hours after death. Page 6 may be retained by the hospital or attending physician. Filled in by the funeral director, page 5 should be detached for use as the burial-trans BALTIMORE, MARYLAND 21215-0020

use as the burial-transit

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

completely filled rial, cremation, o executed within burial. and attending physician a HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be signed by the atter Health and Mental has been signer Dept. of Health The Common C R: After this certificate har death with the State D DIRECTOR: A hours after d

Section

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  EECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit as after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	90. F ME FREE 100.  110.  17. F/ 19a. i  17. F/ 29a. i  1MM dise reet.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to build. cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PAR  25. W E  1  27. M  29. C  29b. 5

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTI	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	William	Ellsworth	Butler	July/10 1993	8:56 A.M
		5. SEX 8. AGE (In yrs. lest birthde)	MONTHS DAVE MOURS MAIN	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	~ ~ / V ~ / d	1 M 2 F YRS.	7 1 1	4/2//9//	CAROLINE
œ		et and number)	96. CITY, TOWN OR LOCATION OF D	/ /	TY OF DEATH MD
Ō.	Memorial Hospit	al at Easton	Easton	Ta	lbot
DIRECTOR	10e. STATE 10b. COUNTY	10c. C	TTY, TOWN OR LOCATION		10d. INSIDE CITY
	MD/ CA	ROLINE	EDERALSBU	RG	1 TES 2 NO
3AL	10e. STREET AND NUMBER	FI COOKE	D for ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	22 47 PANK	EL GROVE	10 216	32	4,5,4,
	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	If yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO Speci	rty:	Specify: RIACK
ED.	15. DECEDENT'S EDUCA (Specify only highest grade co		'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDI	USTRY
COMPLETED	Elementary/Secondary (0-12)		of work done during most of working use retired.)	Tour	. 16
MP	911 YR,	- IRUC	CKDRIVER	IRUC1	3119
	17. FATHER'S NAME (First, Middle, Last)	DR.ITI	16. MOTHER'S N	AME (First, Middle, Maiden Sumame)	- 4 000 -
BE	19a. INEQRMANT'S NAME (Type/Print)	AIDHILE	14 177	LIEB, 17	DA/11/5
10	OSCIF S	THOMAS 196. MAILING BITLER 35	NG AODRESS Street and Number or Rural	Route Number, City or Town, Steps, Zip	COOL FEDER SLEBURG
	29a/METHOD OF DISPOSITION	20h BLACE AND DAT	E OF DISPOSITION Name of	DATE 20c. LOCATION -	MD, 2/632
	1 Buriel 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)	cemetery, crematery of		CAS 7/W FENED	AISBURG
	21. SIGNATURE OF FUNERAL SERVICE LICEN	(SEE	22. NAME AND ADDRESS OF FA	ACILITY /	7,5-00,7
	De Hou	ikins)	216 N Mai	n St.,Federal	sburg, Md.
	23. PART I. Enter the diseeses, or cor	mplicatione that caused the death. Do	not enter the mode of dying, suc	ch as cardiac or respiratory arre	et, Approximate
	shock, or heert fellure. List	st only one ceuse on each line.	4		Interval Between Onset and Death
	disease or condition resulting in death)	ENO STAGE I	CHEMIO CHROIT	OMADATON	VISTER
		OUE TO (OR AS A CONSEQUENCE		1	0
NO	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUENCE	00		
ΕĶ	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS A CONSCIDENCE	OF):		
필					1
	CAUSE (Diseese or injury that initiated events	OUE TO (OR AS A CONSEQUENCE	OF):		
E		OUE TO (OR AS A CONSEQUENCE	OF):		
L CERTIFICATION	that initiated events resulting in death) LAST			Dert I 240 MIC AN AUTODOV	
AL	that initiated events			Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAMES
AL	that initiated events resulting in death) LAST  PART II. Other significent conditions of the condition			Part I. 24a. WAS AN AUTOPSY PERFORMES?  1 VES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	that initiated events resulting in death) LAST  PART II. Other significent conditions of the condition			PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
AL	PART II. Other significent conditions of the con		g in the underlying ceuse given in	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	PART II. Other significent conditions of the con		g in the underlying ceuse given in  28. PLACE OF DEATH (C)	PERFORMED?  1 VES 2 NO  neck only one)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	contributing to death but not resulting	g in the underlying ceuse given in  28. PLACE OF DEATH (C)  OTHER: 4   Nursing Home 5   Residence	PERFORMED?  1 VES 2 NO  neck only one)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 Y NO
PHYSICIAN: MEDICAL	PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 7  1  YES 2  NO	contributing to death but not resulting	g in the underlying ceuse given in  28. PLACE OF DEATH (CI  OTHER: 4   Nursing Home 5   Residence	PERFORMED?  1 VES 2 NO  neck only one)  8 Other (Specify)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 Y NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 7  1 YES 2 NO  27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be	contributing to death but not resulting	28. PLACE OF DEATH (C) OTHER: 4   Nursing Home 5   Residence IME OF NJURY AT WORK? 1   YES 2   NO	PERFORMED?  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  3 NO  3 NO  4 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significent conditions of the con	CONTributing to death but not resulting  OSPITAL: (Unpetient 2 ER/Outpetient 3 DOA  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At home, Ierm	28. PLACE OF DEATH (C) OTHER: 4   Nursing Home 5   Residence IME OF NJURY AT WORK? 1   YES 2   NO	PERFORMED?  1 YES 2 NO  Neck only one)  6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Naturel 5 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFVING PHYSICIA	CONTributing to death but not resulting  OSPITAL: (A)Inpetient 2 ER/Outpetient 3 DOA  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At home, Ierm building, etc. (Specify)	28. PLACE OF DEATH (C)  28. PLACE OF DEATH (C)  OTHER: 4   Nursing Home 5   Residence INE OF NJURY AT WORK? 1   YES 2   NO I, streat, factory, office	PERFORMED?  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  2 NO  2 NO  2 Ed. DESCRIBE HOW INJURY OCCI  2 Ed. LOCATION (Street and Number of City or Town, State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 IN NO  JRED  W. Rurel Route Number,
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNIER OF DEATH Accident Check only Check only Check only Check only Cores  1 CERTIFVING PHYSICIA MEDICAL EXAMINER:	CONTributing to death but not resulting  OSPITAL: (Minpellent 2 ER/Outpetlent 3 DOA  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY — At home, Ierm building, etc. (Specify)	28. PLACE OF DEATH (C)  28. PLACE OF DEATH (C)  OTHER: 4   Nursing Home 5   Residence INE OF NJURY AT WORK? 1   YES 2   NO I, streat, factory, office	PERFORMED?  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  2 NO  2 NO  2 Ed. DESCRIBE HOW INJURY OCCI  2 Ed. LOCATION (Street and Number of City or Town, State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 IN NO  JRED  W. Rurel Route Number,
BY PHYSICIAN: MEDICAL	PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Naturel 5 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFVING PHYSICIA	CONTributing to death but not resulting  OSPITAL: (A)Inpetient 2 ER/Outpetient 3 DOA  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At home, Ierm building, etc. (Specify)	28. PLACE OF DEATH (C)  28. PLACE OF DEATH (C)  OTHER: 4   Nursing Home 5   Residence INE OF NJURY AT WORK? 1   YES 2   NO I, streat, factory, office	PERFORMENT  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 IN NO  JRED  W. Rurel Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH 1   Neturel 5   Pending Investigation 3   Suicide 8   Could not be determined  29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER:	contributing to death but not resulting  OSPITAL:  Inpatient 2 ER/Outpetient 3 DOA  28e. DATE OF INJURY (Month, Dey, Year) 28b. Till  28e. PLACE OF INJURY — At home, Ierm building, etc. (Specify)  AN: To the best of my knowledge, death occu On the basie of examination and/or investigate	28. PLACE OF DEATH (C)  OTHER: 4   Nursing Home 5   Residence INFO OF NURY M   28c. INJURY AT WORK? 1   YES 2   NO I, streat, factory, office	PERFORMED?  1 VES 2 NO  1 VES 2 NO  2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  JRED  W Rural Route Number,  d. Cause(e) end menner ee stated.
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1	-	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH			3. TIME OF D	FATN
KATHLEEN LILLIA	N RAVNAI	ng					MONTH	DA	W.	YEAR	200	D
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last hirthday)	IF UNDER 1 YEAR	E INOS	R 24 HRS.	0.7 — 7. DATE O			93	IPLACE (State o	Elajaa
218-20-4588	1 🗆 M 2 🕞 F	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	VDO	MONTHS DAYS		MIN.	(Month,	Day, Year)		Count	y)	roreign
. FACILITY NAME (If not institution, give st			66 113.					18 - 27			YLAND	
	reet and number)			9b. CITY, TOW	N OR LOCAT	ION OF DI	EATN		9c. COU	NTY OF D	EATN	
RT.# 3 BOX 63				DENTO	N	7237			CARC	OLIN	7	
e. STATE 10b. COUNTY			10c CIT	ry, town on Loc	CATION						104 INDIDE C	erv.
			100.01	i, iomicon co	CATION						10d. INSIDE C	
	OLINE			DENTON							1 YES 2	_
e. STREET AND NUMBER					10f. ZIP COD	E			10g. CITI	IZEN OF V	VHAT COUNTRY	77
RT. # 3 BOX 63					2162	9				USA		
MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.			ECENDENT Specify Cub			(Specify Yes	or No-		- American I	ndian,
Never Married 2 Merried  Widowed 4 Divorced	IF YES, GIVE Y		X		ES 2 NO			sent, etc.,		Spec		
							10				DLACK	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a.	(Give kind of	work done during	TION most of works	Ina	16b. I	UND OF BUS	INESS/INC	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)								
12th			LABORE	ER			1	ETELD.	MORK	7		
FATHER'S NAME (First, Middle, Last)					18. MOT	NER'S NA		ddle, Maiden S				
EMERSON BAYNARD					1	BEATI	TCE T	THOMAS				
a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street						Codel	-	
CHARLOTTA SETH		100							, , , , , , , , , , , , , , , , , , , ,			
METHOD OF DISPOSITION				ST., I		للالا ود		_		Au =	STARTER	
Burlai 2 Cremation 3 Remo	rval from State	cemetery,	crematory or c	other place) CEMETER	(Name of		DATE		CATION —			
□ Donation 6 □ Other (Specify)		_ ] ]0	HNS' C	CEMETERY	Y		1/19/93	PRE	STON	, MD		1111
SIGNATURE OF FUNDAME SERVICE LIC	PWSEE			22 MARKE	AND ADDR	SS OF FA	CILITY TO T				2700 2 4 2	
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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	dical e
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be filed within 72 !	RIA
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MAR			MENT OF			MENTAL	REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)					· · ·		2. DATE	OF DEATH		YEAR 3	. TIME OF DEATH
ROBERT JO		RTOO						7	20	1993	.1176.1	4:11 PM M
4. SOCIAL SECURITY NUMBER 498-16-931.  9e. FACILITY NAME (If not in	3	1 X M 2 - F	84	YRS.	F UNDER 1 YEAR	HOURS 2	MIN.	(Month	DE BIRTH ( Day, Year) 26-190		Country) Penn:	ACE (State or Foreign
306 S. Was	hingto				East		N OF DE	AIH			1bot	in .
10a. STATE Maryland	10b. COUNT				TOWN OR LOCA	TION						DIG. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER					10	f. ZIP CODE				10g. CITIZE	N OF WH	AT COUNTRY?
306 S. Was	hingto					21601				US.		
11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo		12. WAS DECEDENT EV FORCES? 1 I	YES 2	ARMED NO	If yes, s	pecify Cuben		n, Puerto F	? (Specify Yes Nican, etc.)	or No 1	4. RACE Black, V Specify: Whi	- Americen Indien, White, atc.
15. DEC (Specify onl Elementery/Secondery (	EDENT'S EDU y highest grade	CATION o completed) College (1-4 or 5+)		DECEDENT'S U (Give kind of wo ife. Do NOT use	SUAL OCCUPAT rk done during m retired.)	ION ost of working	7	16b.	KIND OF BU	SINESS/INDU		
12		5			Acc	counta			U.S.Go		ent	
17. FATHER'S NAME (First, M	,								Aiddle, Maiden	,		
Bernard  19a. INFORMANT'S NAME (		artoo		19b. MAILING /	ADDRESS (Street				aud Ly		Code)	
Maude J. B	artoo			306 S.	Washi	ngton	St.	, Ap	t. 4,	Easto	n, M	D 21601
20e. METHOD OF DISPOSIT  1	on 3 🗆 Rem	noval from State	of cemeta	ry, crematory o	of disposition other place) Crema			7-2		cation – ci Lisbu		, State MD 21601
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE TO	Cf	SP	Newn:	am Fur	iera	1 Ho	me, P.	Α.		
iMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart fallure.	a. OP  DUE TO (OR	On each ii	SEOUENCE OF)	: D	out of dyn	ng, suc	ii aa seit	nac or reap	mutory arre-		Approximate interval Between Onset end Death 5 7/2
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LAS	ing ury	с		SEQUENCE OF)								•
PART II. Other signification	ant condition	ns contributing to de	ath but no	t reaulting in	the underlyi	ng cause g	iven in	Part I.	24a. WAS AN PERFOI 1 YES	RMED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:				PLACE OF DE	EATH (Ch	eck only or	ne)			
1 TES 2 NO		1   Inpatient 2   Ef		3 DOA	OTHER:		sidence					
27. MANNER OF DEATH  1 Natural 5  2 Accident	Pending Investigation	28e. DATE OF INJ (Month, Dey,		28b. TIME INJU	IRY V	JURY AT ORK? YES 2	) NO	28d. DE	CRIBE HOW	INJURY OCCI	JRED	
3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF the building, etc.	IJURY — At . (Specify)	home, farm, st	reet, factory, of	ice			ATION (Street or Town, State		or Rural Ro	ute Number,
CONSULT OTHY		SICIAN: To the best of my										and menner ea stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	B Cer	en l	А	W	29c. LICE	)122					Month, Day, Year)
Stephen P.	1 /		1 1		Print) Avenue	e, Eas	ston	, MD	21601			
31. DATE FILED (Mogth, Day	1993	32. REGISTRAR'S	SIGNATUR	ndelle	-		7					

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans.	hied within 72 hours after death with the State Dept. of Reath and Mental Hygiene phor to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - STATE REGISTRAR	SIAIE UF I	/MARYLAND CE				DEA		MENTAI	REG. NO	E		
]	1. DECEDENT'S NAME (First, Middle, Last)				.071		ייייייייייייייייייייייייייייייייייייייי			OF DEATH			3. TIME OF DEATN
i	CARL J.	BLOCKE	R						0.7			93	10:40PM M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDE		IF UNDER	24 HRS.	7. DATE	OF BIRTH		6. BIRT	HPLACE (State or Foreign
	579-56-7753	1 M 2 F	47	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	06	45	Was	Shington DC
1	9a. FACILITY NAME (If not institution, give		·		9b. CIT	, TOWN O	R LOCATI	ON OF DE		00		NTY OF	DEATN
OR	PRINCE GEORGE	ES HOSPIT	AL CENTE	R		CHEV	ERLY	,			F	PRIN	CE GEORGES
٦	RESIDENCE OF DECEDENT										<u> </u>	KIII	CE OFORGES
DIRECTOR	Md. 10b. COUNT	nce Georg	ges	10c. CI	Y, TOWN	Rain	ier						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					101	ZIP CODI	-			10× 017	TEN OF	TXXYES 2 ☐ NO WHAT COUNTRY?
FUNERAL	4204 28th Street, #3					101		0712	2		log. Cit		ISA
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	4ED	13.	WAS DEC	ENDENT C	F NISPAN	VIC ORIGIN	? (Specify Yee	or No-	14. RAC	E - American Indian, ck, White, etc.
BY F	1 X Never Merried 2 Merried 3 Widowed 4 Divorced	JF YES, GIVE V	YES 2 NO	0			2 X NO		n, Puerto F	lican, etc.)		Spec	offv:
													Black
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade	CATION completed)	16e. DEC	EDENT'S	USUAL O	CCUPATIO	N st of workin	g	16b.	KIND OF BUS	INESS/INC	DUSTRY	
LE	Elementary/Secondary (0-12)	College (1-4 or 5	,							_			100
M	17. FATHER'S NAME (First, Middle, Last)		Ship	ping	& R	ecei						s, (	office Supls
		land								Diddle, Malden	,		
BE	190. INFORMANT'S NAME (Type/Print)	Land	100					aura		Block			
5	Michael Blocker		196.	_	34	TIIII	.1S .	aven	Route Numb	er City or Town	n, State, Zip	Code)	
						kepp	ie.	N.	Υ.	12601			
	20a, METNOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AI cometery, crem Harmo						7-1		ration –		Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		119 10			D ADDRES		1.0				eral Home In
	MADA	0	00			700				217 9	th	Stre	eet, N. W.
	1.1.1ho	Tha	ll						W	ashing	ton,	D.	C. 20011
	23. PART Enter the diseases, or shock, or heart failure.	complications tha List only one cau	t caused tha daa se on aach iina.	ith. Do i	not antar	tha mod	da of dyl	ng, sucl	h as card	lac or respi	ratory an	rest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	A	/			,							Onset and Death
	resulting in death)	1 to fune	y mw	nun	Odl	414	elne	12	411	Non	41		
	disease or condition resulting in death)  ACUTHED OR AN ANOUNE OUENCE DEFICTIONCY SYDROMS												
CERTIFICATION	Sequantially list conditions,	b. DUE TO	(OR AS A CONSECU	JENCE O	FD:								
¥	if any, laading to immadiata cause. Entar UNDERLYING				,								
Ĕ	CAUSE (Disease or Injury 1hat Initiated events	DUE TO	(OR AS A CONSEOU	JENCE O	F):								+
E	resulting in death) LAST	ď.											
	PART II Other elgolflood condition	an annih uttan ta	death but and	- 101									
CAL	PART II. Other significant condition	a contributing to	daath but not re	suiting	in tha ur	iderlying	cause g	iven in	Part I.	24a. WAS AN PERFOR		241	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
										1   YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
MED									_				1 TYES 2 NO
PHYSICIAN:													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DI	EATH (Che	eck only one	)			
ΙΥS	1 YES 2 NO		ER/Outpatient 3		4 🗆 Nur	sing Home	_	sidence	6 Other				
	1 Pending	28e. DATE OF (Month, D.		28b. TIM INJ	URY	28c. INJU WOF	RK?		28d. DES	CRIBE NOW II	JURY OC	CURED	
B	2 Accident Investigation	260 BLACE O	F INJURY — At hom	- 4			ES 2	NO					
9	3 Suicide 6 Could not be 4 Homicide determined	building,	atc. (Specify)	NU, TAITITI, I	street, rect	ory, onice			City o	TION (Street a	nd Number	or Rurel	Route Number,
<u> </u>	29a. CERTIFIER		-										
COMPLETED	(Check only CEHTIFTING PHYS	ICIAN: To the best of											
8	2 MEDICAL EXAMINE		temination end/or in	vestigatio	n, in my c	pinion, de	ath occur	ed at the	time, date	and place, an	d due to th	e cause(	e) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE		100				29c. LICE	NSE NUM	MER		29d. DAT	E SIGNED	(Month, Day, Year)
2	NO NAME OF ACCOUNTY	cuyes	ZVII				42	12	30		7	-11	1-93
	30 HAME BIND ADDRESS OF PERSON WH	COMPLETED CAU	OF DEATH (ITEM	27) (Type,	Print	1	1	1 1	(	١.	, U	47	
)	31. DATE FILED (Month, Day, Year)	19WZ1	VID, 50	109	May	BW	mC	7. (	PO	mug	3 /h	10	
	ani - i (morni, pay, rear)	J JZ. NEUISTRA	R'S SIGNATURE	70.	1.00			/			/		

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after	y the
TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TOR: After this certificate has been signed by the attending physician and completely filled in by the
74 P	fillec
MILI	oletely
) per	COM
SKGCL SKGCL	and
8	iclan
incati	phys
cert	guipe
death	atte
8	the
that	ed by
nires	sign
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SICIA	certif
H	this
SING.	After
TENC	DR: /
-	50

BALTIMORE, MARYLAND 21215-0020	ter beaut. "Age o may be retained by the nospital or attending physician. The time of the funeral director, page 5 should be detached for use as the burial-transit permit. Preset 2, 3 should oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE EMERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Preset a sequence within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE	93
CERTIFICATE OF DEATH	REG. NO	

0	FOR STATE REGISTRAR	STATE OF MA			RTMENT				MENTAL	HYGIEN REG. NO.	E	93	22539	
	1. DECEDENT'S NAME (First, Middle, Last) Ophelia Brown	Ophelia	13	80 W	o .				2. DATE O	F DEATH DA	14	YEAR 93	3. TIME OF DEATH 4. /54:15	
	289-03-1579	1 🗆 M 2 🖟 F	AGE (In yrs. ta	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		-01-9	7	8. BIRTI	HPLACE (State or Foreign ry) Alabama	
TOR	98. FACILITY NAME (N not institution, give street and number)  Presidential Wood Nursing Home  Presidential Wood Nursing Home  RESIDENCE OF DECEDENT  98. CITY, TOWN OR LOCATION OF DEATH  180/180/190/180/180/180/180/180/180/180/180/180/18										NTY OF C			
DIRECTOR	10e. STATE 10b. COUNTY Maryland	E 10b. COUNTY 10					10c. CITY, TOWN OR LOCATION Riverdale						10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗆 NO	
FUNERAL	100. STREET AND NUMBER 5701 Longfellow Street					101	207	-			_	ITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO				yes, sp		n, Mexica	NIC ORIGIN? on, Puerto Ric y:		or No-	Blac	E — American Indian, k, Whita, atc. ///: Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 10th		iiie	live kind of to Do NOT ut				ng	16b. R	IND OF BUS		DUSTRY		
	17. FATHER'S NAME (First, Middle, Last) Benjamin Kir	ıg	<u>                                     </u>	omest	ilc.		18. MOT		ME (First, Mic la Kir					
TO BE	19e. INFORMANT'S NAME (Type/Print)		19					or Rural I	Route Number	City or Town				
	Annie Fuller 5701 Longfellow Street, Riverdal													
	1 Buriel 2 Cremation 3 Remov. 4 Donation 5 Other (Specify)		cemetery, cre	emalory or o										
	Mellson	Selfe		642	F 3	rozi 89 F	Rhode	Fur	neral land A	venue	, N.	W.		
	ahock, Dr heart fallure. List only one cause on each line.  interval Between  immediate CAUSE (Final									Approximata interval Between Onset and Death				
NO	disease or condition resulting in death)  a. Due to (or as a consequence of):  Peripheral Vascular Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):													
CERTIFICATION	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):													
CER	resulting in death) LAST													
BY PHYSICIAN: MEDICAL	PART II. Other algorificant conditions Advanced Old Above	Demen Demen Kne	iq.	on Pc	in the und	iov	cause (	given in	Part I. 2	PERFOR		246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only one)		¥ /			
YSIC	1 VES 2 NO	IOSPITAL:	R/Outpetient 3	□ DOA	OTHER 4 Mural		e 5 □ Re	sidence	6 Other (	Specify)				
Y PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		28b. TIM INJ	IE OF JURY M		URY AT RK? 'ES 2	NO	28d. DEŞCI	RIBE HOW II	JURY OC	CURED		
	3 Suicide 8 Could not be determined	28e. PLACE OF II building, atc	NJURY — At he . (Specify)	ome, farm, s	street, facto	ery, office			28f. LOCAT City or	ION (Street a Town, State)	nd Number	or Rural F	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:												) end manner as stated.	
TO BE	296. SIGNATURE SHO TITLE OF CERTIFIER	The						NSE NUN		,			(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO'S	Urkery.	F DEATH (ITE	M III) (Types	Princ) 7 . G	50	o c	se/	4, 17	d. 2	077	Dr.	#430	
	JUL 1 5 1993	32. REGASTRAD'S	SIGNATURE Jan Lactory											

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	permit.
	n. ansit

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the pure state death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trape filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_	THE GIOTTOWN		- OL		OAL		DEA			HEG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH		AV	YEAR	3. TIME OF DEATH
	Mervin C. Br	own III							July			TEAN	10:30 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF			8. BIRTI	PLACE (State or Foreign
	577-80-2462	1 🔀 M 2 🗆 F	35	YRS.	MONTHS	DAYS	HOURS	MIN.	6 18	758	1	Beth	esda,Md.
	9a. FACILITY NAME (If not institution, give si		9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH			NTY OF D			
E	7364 Landover	Rd. # A			L	and	ove	r			Prin	nce	George's
5	RESIDENCE OF DECEDENT												
BY FUNERAL DIRECTOR	Md . 10b. COUNTY	10c. CIT	Y, TOWN C		ovei	-			W-		10d. INSIDE CITY LIMITS?  1 YES 2 NO		
7	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
ER/	7364 Landover	Rd. #	A				2078	35				U.S	.A.
ž	11. MARITAL STATUS		T EVER IN U.S. ARI		13.	WAS DEC	ENDENT	OF HISPAI	NIC ORIGIN? (	Specify Yes	or No-		E — American Indian,
	1 Never Married 2 Married	FORCES? 1	X YES 2 N	0		If yes, sp	2 NO	ın, Mexica	in, Puerto Rici	en, etc.)		Spec	k, White, atc.
	3 Widowed 4 Divorced		d-1992					ороси				- upou	<sup>Mr.</sup> Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a, DE0	EDENT'S	USUAL O	CCUPATIO	ON		16b. KI	ND OF BU	SINESS/IN	OUSTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	life.	Do NOT us	e retired.)	auring mo	et of world	ng	-				
7	12th		U.S	5. M	lari	ne			U.	S.	Gove	ernm	ent
0	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mide	de, Maiden	Sumame)		
	Mervin C	. Brown	Jr.				Rı	ith	Lee (	Coad	ell		
BE	19a. INFORMANT'S NAME (Type/Print)			MAILING	ADDRES	S (Street a		_				o Code)	
P 19a. INFORMANT'S NAME (Type/Print) Olivia Brown 19b. MAILING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zip Code Same as # 10 above										,			
	20a. METHOD OF DISPOSITION		20h PLACE	OF DISPOS	RITION (N	ome of co	metery cray	metory or		T 200 10	CATION —	City or To	win State
	20a. METHOD OF DISPOSITION  1/E Burial 2	oval from State	Harr	mon v	Me	m .	Park	7/	9/93	La	ndos	707	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22	NAME A	MO ADDRE	SS OF EA	CHITY				
	Mary )		ratt			H.S	. Was	shin	gton	& S	ons,	Inc	
	Jacky )	0,	Car			492	5 Bu	ırrc	ughs	Ave	., N.	Ε.	
CERTIFICATION	disease or condition resulting in death)  A DS (Acquires Inny Syndram)  Due to (or as a consequence of):  Due to (or as a consequence of):											)	
5		d											
	PART II. Other aignificant condition	a contributing to	death but not n	eauiting	in the u	nderfyin	g cause	given in	Part I. 2		AUTOPSY	248	. WERE AUTOPSY FINDINGS
MEDICAL										PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED									_   '	YES :	2 KI NO		DF DEATH?
	-								- 1				1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL												
77		HOSPITAL:			OTHE	R:			heck only one)				
= 1	EXAMINER?	1 VES 2X NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home XXResidence 6 Other (Specify)											
YSIC	1 TES 2 NO				IE OF		JURY AT		I 28d, DESCI	RIBE HOW	IN RIDY OF	CHIDED	
PHYSICIAN:	1 U YES 2 NO  27. MANNER OF DEATH	28a. DATE OF (Month, L		26b. TIN	JURY		DRK?	_			moon oc	CONED	
	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E	Day, Year)	IN.	JURY M	1 🗆	YES 2	□ NO					
B⊀	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	28a. DATE OF (Month, L)		IN.	JURY M	1 🗆	YES 2	□ NO	28f. LOCATI	ION (Street Town, State	and Numbe		Route Number,
B⊀	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, L)	Dey, Year)  DF INJURY — At ho	IN.	JURY M	1 🗆	YES 2	□ NO	28f. LOCATI		and Numbe		Route Number,
B⊀	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	28a. DATE OF (Month, L) 28a. PLACE ( building,	OF INJURY — At ho	me, farm,	JURY M street, fac	1 🗌	YES 2		28f. LOCATI City or	Town, State	and Numbe	er or Rural	Route Number,
B⊀	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1 NETTIFYING PHYSIC)	28a. DATE OF (Month, E 28a. PLACE C building,	OF INJURY — At ho	me, farm,	M street, fac	1 🗌	YES 2	e, and du	28f. LOCATI City or	Town, State	and Numbe	er or Rural	Routs Number,
COMPLETED BY	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1 NETTIFYING PHYSIC)	28a. DATE OF (Month, L) 28a. PLACE (C) building, ICIAN: To the best of a	OF INJURY — At ho	me, farm,	M street, fac	1 🗌	YES 2	e, and du	28f. LOCATI City or	Town, State	and Number	er or Rural sted,	a) and manner as stated.
BE COMPLETED BY	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending Investigation  3  Suicide 6  Could not be detarmined  29a. CERTIFIER (Check only one)  2  MEGICAL EXAMINE	28a. DATE OF (Month, L) 28a. PLACE (C) building, ICIAN: To the best of a	OF INJURY — At ho	me, farm,	M street, fac	1 🗌	YES 2	e, and du- ared at the	28f. LOCATI City or a to the cause b time, data ar	(a) and me	and Number onner as strend due to 1 29d, DA	er or Rural sted. the cause(	
COMPLETED BY	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending Investigation  3  Suicide 6  Could not be detarmined  29a. CERTIFIER (Check only One) 2  MEDICAL EXAMINE	28a. DATE OF (Month, L) 28a. PLACE C building, ICIAN: To the best of a	OF INJURY — At ho etc. (Specify)  I my knowledge, de examination and/or i	me, farm,	street, fac	1 🗌	YES 2	e, and du	28f. LOCATI City or a to the cause b time, data ar	(a) and me	and Number onner as strend due to 1 29d, DA	er or Rural sted. the cause(	a) and manner as stated.
BE COMPLETED BY	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending Investigation  3  Suicide 6  Could not be determined  29a. CERTIFIER (Check only one) 2  MEDICAL EXAMINE  29b. INDICATURE NO TITLE OF DEPORTED  30. NAME AND ADDRESS OF PERSON WH	28a. DATE OF (Month, L) 28a. PLACE C building, ICIAN: To the best of a	OF INJURY — At ho etc. (Specify)  I my knowledge, de examination and/or i	me, farm,	street, fac	1 🗌	YES 2	e, and du- ared at the	28f. LOCATI City or a to the cause b time, data an	(a) and me ad place, a	and Number	er or Rural  ated, the cause( TE SIGNEI  TUITE	a) and manner as stated.  D (Month, Day, Year)  7, 1993
BE COMPLETED BY	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending Investigation  3  Suicide 6  Could not be detarmined  29a. CERTIFIER (Check only 2  MEDICAL EXAMINE  29b. BIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	28a. DATE OF (Month, L) 28a. PLACE C building, CIAN: To the best of cian. IO COMPLETED CAU	OF INJURY — At ho etc. (Specify)  I my knowledge, de examination and/or i	ine, farm, ath occurr revestigation of 27) (Type	street, face and at the port, in my	1 🗌	YES 2	e, and du- ared at the	28f. LOCATI City or a to the cause b time, data an	(a) and me ad place, a	and Number	er or Rural  ated, the cause( TE SIGNEI  TUITE	a) and manner as stated.
BE COMPLETED BY	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending Investigation  3  Suicide 6  Could not be determined  29a. CERTIFIER (Check only one) 2  MEDICAL EXAMINE  29b. INDICATURE NO TITLE OF DEPORTED  30. NAME AND ADDRESS OF PERSON WH	28a. DATE OF (Month, L) 28a. PLACE C building, CIAN: To the best of cian. IO COMPLETED CAU	OF INJURY — At ho etc. (Specify)  I my knowledge, de examination and/or i	ine, farm, ath occurr revestigation of 27) (Type	street, face and at the port, in my	1 🗌	YES 2	e, and du- ared at the	28f. LOCATI City or a to the cause b time, data an	(a) and me ad place, a	and Number	er or Rural  ated, the cause( TE SIGNEI  TUITE	a) and manner as stated.  D (Month, Day, Year)  7, 1993

9	3	-	3	9	1	5	-	U	3	
G	M	N								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. The HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heath and Menial Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netlified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
Γ.	DECEDENT'S NAME (First Middle Look)		

93 22541

				IOAIL	. 01	DEATH		NEG. 140.			
1. DECEDENT'S NAME (First, Middle, Last)	MONTG	OMERY	BEAR	D, J	JR.		2.	DATE OF DEATH DA		YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la						07 10	) 19		12:52 A
	1 XM 2 F		YRS	IF UNDER	DAYS	IF UNDER 24 H		DATE OF BIRTN (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign GATES
412-50-5957		61	THS.								NESSEE
9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATN				1	9c. COUNTY OF DEATN		
Prince Georgi	es Hosp	ital		Cheverly					Pr	inc	e Georges
10a. STATE 10b. COUNT			10c, CI1	TY, TOWN OR LOCATION							10d. INSIDE CITY
Wanter 1115	18.5								LIMITS?		
MARYTAND PRTN	CE GEOR	GE'S		CAP		L HEI	GHT	S	I son CITI	TEN OF V	1 YES 2 NO
		1775			100						THAT COUNTRY?
510 MILLWHEE	12. WAS DECEDEN		BMED	100	MA DEC	2074		ORIGIN? (Specify Yes		SA	
1 Never Married 2 Married		YES 2 A		11	yes, sp	ecify Cuben, M	sxicen, P	usrto Rican, atc.)	or No.	Black	E — American Indian, c, Whita, stc.
3 Widowed 4 Divorced	IF YES, GIVE V	NAVY		1	☐ YES	2 X NO S	ipecify:			Speci	BLACK
15. DECEDENT'S EDU		16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF BUS	UNESS/IND	USTRY	DLACK
(Specify only highest grade		(0	Give kind of e. Do NOT u	work done d	luring mo	st of working				•••••	
Elementary/Secondary (U-12)	College (1-4 or 8 -	REA	TEC	ית א תחי	יס ק	ROKER		D	VT.		
17. FATHER'S NAME (First, Middle, Last)	JT	REA	L E	OIAII	<u> D</u>		O MAME	(First, Middle, Maiden		_	
	מתולחת ש	CD							,		
MONTGOMER  19a. INFORMANT'S NAME (Type/Print)	I BEAKD		Db. 88211 511	ADD	100-			EN SNIP			
		19						e Number, City or Town			
LOII ETTA REAT	RD						T. (				MD 20743
1 Burisi 2 Cremation 3 Rem	oval from State	20b. PLACE cemetery, cr	ematory or o	ther place)					CATION -		
4 Donation 8 Other (Specify)		ST	LI						TES,	TE	NNESSEE
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	0		22. 1	NAME AI	D ADDRESS O		* *	IINIDD	a T	TIOME
11/1/11/10	1100	Bla	NAN	1 7	171			NKINS F			,MD20785
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	(OR AS A CONSE									
PART II. Other algnificent condition	d	death but not	resulting	in the unc	derlyln	cause give	n in Par	rt 1. 24s. WAS AN		24b	. WERE AUTOPSY FINDIN
								1 EDES 2		7	COMPLETION OF CAUSE OF DEATH? 1 EYES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DEATI	H (Check	only one)			
EXAMINER?	HOSPITAL:	XER/Outpetlent	3 DOA	OTHER A Num		e 5 □ Reelde	nne 8 l	Other (Specify)			
27. MANNER OF DEATN	28a. DATE OF		28b. TIN		28c, INJ		_	d. DESCRIBE NOW II	NJURY OCC	CURED	
1 Natural 5 Pending	(Month, E			JURY M	WC	PIK?					
2 Accident Investigation	28e. PLACE C	ome term	street feet			_	I. LOCATION (Street a	and Months	or Pro-1	Boude Musches	
3 Suicide 8 Could not be 4 Nomicide determined	building,	etc. (Specify)	ontes intiti	eneer, recit	ory, orne		26	City or Town, State)	www.ivumber	or nuntil f	would reunicel,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 XMEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of s						t the time		d due to th	e cause(s	and manner as stated
1111						_					
The state of the s	NXY					0.0	C.M.	.E.		07	/11/1993

DHMH-18 Rev 1/89

Charles and April account a charle

CHRISTOPHER

10b. COUNTY

15. DECEDENT'S EDUCATION (Specify only highest grade complete

George Brooks

ndary (0-12)

Sa. FACILITY NAME (If not institution, give street and number)

A SEX

PRINCE GEORGE MEDICAL CENTER

5049 Just St., N.E.

1 X M 2 1 F

N/A

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO

IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

216-90-0642

RESIDENCE OF DECEDENT

D.C

1 Never Married 2 Married

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

Meriel Brooks

3 Widowed 4 Divorced

12th

10e. STREET AND NUMBER

11. MARITAL STATUS

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

10c, CITY, TOWN OR LOCATION

BROOKS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

Washington

CHEVERLY

101. ZIP CODE

LEE

19

8. AGE (In yrs. leat birthday)

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four after death. Page 6 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	. 4	-	3.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, P.D. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the ERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled.		urs after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit permit.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, P.D. ATENDING PHYSICIAN: The law requires that the death certificate be executed within FRAL DIRECTOR. After this certificate has been signed by the aftending physician and completely		9	filled
Ø Z.	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely

TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marke

COMPLETED

BE

2

3 Suicide

	20s. METHOD OF DISPOSITION 1   XBurisi   2   Cremetion   3   Rem 4   Donation   6   Other (Specify)	novel from State	20b. PLACE AND DATE OF COMMETCE, COM		3/93	Brentwo			
	21. SIGNATURE OF FUNERAL SERVICE LI		Pratt	122. NAME AND APPRESS OF H.S. Washi 4925 Burr	ngto: ough:	n & Sons, s Ave., N.	I r E		
	23. PART I. Enter the dispesses, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Gul	on each lins.	enter the mode of dying, su		sc or respiratory stres	t,		
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	R AS A CONSEQUENCE OF):						
MEDICAL C	PART II. Other significant condition	ns contributing to de	eth but not resulting in	hs underlying cause given in		PERFORMED?	1		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (Check only one)						
HYSICIA	1, TYES 2 NO	1 ☐ inpetient 2 🖒 El	R/Outpatient 3 DOA 4	☐ Nursing Home 6 ☐ Residence	_				
ВУ РН	27. MÄÑÑÊR OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28a. OATE OF IN. (Month, Day,	199311:30	WORK?  1 YES 2 XNO		SUBJECT SI			
	A - A - 1-10	28a PLACE OF II	HILLEY - At home form stee	et feeten, effice	201 1 000	CLOSE (Comment of the comment	0		

YEAR 1.993 8. BIRTHPLACE (State or Foreign Wash., D.C.

2. DATE OF DEATH MONTH 7. DATE OF BIRTH

9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH

PRINCE GEORGE 10d. INSIDE CITY

TE YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?

20019 U.S.A.

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES ZXXNO Specify: Specify: Black

16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Clerk

Store

18. MOTHER'S NAME (First, Middle, Maiden Surname)

Meriel Branch

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

6727 Central Hill Terr., Landover, Md. 20785

TION — City or Town, State ntwood, Md.

ons, Inc.

, N.E.

ory srrest. Approximate Interval Betw **Onset and Death** 

> 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE TOPSY NO

YES 2 NO

1 YES 2 XNO SUBJECT SHOT 28s. PLACE OF INJURY - At he me, farm, street, factory, office 261. LOCATION (Street and Number or Rural Route Number

EAST CAPITOL STREET&MD DRIVE CAPITOL HEIGHTS, MARYLAN

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 💂 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ▶ 7 OCME 8 1993

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

4D STOR W 111 Penn Street, Baltimore, Maryland 21201

32. REGISTRAR'S SIGNATURE

	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE (	OF DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH		3	. TIME OF DEATH	
	ROBERT HAMILTON	BEACH, JR			Ju		2 199	YEAR	7:45a.	
		. AGE (in yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	2 2475	00.0000		a. BIRTHPL	ACE (State or Form	ian
	212-16-5260 1XXM 2 □ F	73 yrs.	MONTHS DA	CIP STEAMED 200	Nov.	h, Day Year)	1919	Washi	ngton,	D.C
SH.	9e. FACILITY NAME (If not institution, give street and number) 4666 Lacy Ave.		Suit1	wn or location of D	EATH			TY OF DEA	orges	
5	RESIDENCE OF DECEDENT									
DIRECTOR	Maryland Prince Georges		r, rown on Li Land	OCATION			Od. INSIDE CITY LIMITS?  YES 2 A			
	10e. STREET AND NUMBER	3320		10f. ZIP CODE			100 CITIZ		AT COUNTRY?	10
FUNERAL	4666 Lacy Ave.		20746				1	.S.A.		
5	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1	EVER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA , specify Cuben, Mexic	NIC ORIGIN	17 (Specify Yes	or No	I4. RACE	- American Indien	
B	3 Widowed 4 Divorced 1942 - 19	YES 2 □NO YOR DATES	ES 1 YES 2 1 NO Specify			ricen, etc.)		Specify:		
COMPLETED	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUI	PATION	16b	KIND OF BU	SINESS/INDU	STRY		-
Li I	(Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)	(Give kind of w	vork done durin e retired.)	g most of working	- 1					
릴	6	sanatati	on off	icer	D.	.C. Go	vernme	en t		
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA						
	Robert H. Beach Sr.			Marion			-,			
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Str	eet and Number or Rural				Code)		
2	Clarence L. Beach			re. Suitla				2000)		
	204. METHOD OF DISPOSITION	20b. PLACE AND DATE O			OAT		CATION — C	ity or Town	State	
	1 N Buriel 2 Cremation 3 Remove from State 4 Donation 5 Other (Specify)	Maryland V	has alamal		1			-		- 1
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE	n individual v	22. NAM	E AND ADDRESS OF FA	CILITYM_	mab a 1	l'a E	= IIIIaiii	1 II	T.,
	Dura & Telk	ade	430	08 Suitlan	d Rd.	, Sui	tland.	inera , MD	1 ноте, 20746	Tue
$\neg$	23. PART I. Enter the diseases, or complications that	eused tile deeth. Do n	ot enter the	mode of dving sur	h as cerr	liec or resoi	ratory erre	et	Approximat	-
	immediate cause (Final disease or condition resulting in death)  Hypertens:	on eech line.							Interval Bet Onset and	
		R 於 末 祭 映 與 映 映 by F	7):							
Z	Sequentially list conditions. disease									
CERTIFICATION	if any, leading to immediate	R AS A CONSEQUENCE OF	7:							
5	CAUSE (Disease or injury	2 40 4 00 voscular or								
	that initiated events resulting in death) LAST	R AS A CONSEQUENCE OF	·):							
8	d									
DICAL (	PART II. Other significent conditions contributing to de	eeth but not resulting i	n the under	ying ceuse given in	Part I.	24a. WAS AN PERFOR		Alv	ERE AUTOPSY FINI MILABLE PRIOR TO	
ED			<del></del>		—	1   YES 2	M NO		OMPLETION OF CA FOEATH?	USE
Σ								1	YES 2 NO	·
ž										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	B. PLACE OF DEATH (C)	neck only on	e)				
ΥS			4 Nursing	Home 5 Residence	8 🗆 Othe	r (Specify)				
PHYSICIAN: M	27. MANNER OF DEATH 28e. DATE OF IN (Month, Dey.		OF 28c.	INJURY AT WORK?	28d. DES	CRIBE HOW I	NURY OCCU	JREO		
B≼	2 Accident Investigation			YES 2 NO						- 1
	3 Suicide 8 Could not be 4 Homicide determined	NJURY — At home, term, s :. (Specify)	treet, factory, o	office		ATION (Street of or Town, Stete)	and Number o	r Rural Rout	te Number,	
91	29e. CERTIFIER									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of my MEDICAL EXAMINER: On the best of examiner on th								nd menner ee stat	ed.
	29b. SIGNATURE AND TITLE OF CERTIFIED	1472		29c. LICENSE NU						
H	Nugus to Hady	que M	1	D21230	MOCH				onth, Day, Year)	,
은	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH STEWN 271 (Fine	Print)	1221230			-Ju.	тЛ І	2, 199	3
	Augusto P. Rodriguez, M.	. 5009 Ray	burn (	Ct. , Camp	Spri	ings,	MD 20	748		
	31. DATE FILE WORTH, Poy, Year) 1993 32. REGISTRARY	SIGNATURE Aandal	2							$\neg$

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

JWR

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-702 8/5/93 t.t

		FOR	
1	•	STATE REGISTRAR	

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Les								2. DATE	OF DEATH	7777		3. TIME	OF DEATH
ANTHONY	JEFF	ERY	В	ROO!	KS			7	4	19	93	12:	40 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	DAYS	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH	///	8. BIRT	THPLACE (S	tate or Foreign
579-76-3319	1 📉 M 2 🗌 F	35	YRS.					24 J	ANUARY	58			TON, I
9a. FACILITY NAME (If not institution, give	,	D DOLLE	T 20		.,	OR LOCATI			.7		NTY OF	DEATH GEO	DCE
AUTOMOBILE-SC	OUTHBOUN	D KOO.I	E 29	Р	NEW	CAR	ROL	LTO	V	PRI	NCE	GEO	RGE
10a. STATE 10b. COUN			10c. CIT	ry, TOWN	OR LOCAT	TION						10d. INSI	
MD. PRIN	CE GEORGE	ES	CA	MP S	PRIN	G							S 2 NO
10e. STREET AND NUMBER					10	. ZIP COD	E		1	10g. CIT	IZEN OF	WHAT COU	NTRY?
6260 MAXWELL DR						207	-				S.	A.	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF IF YES, GIVE WAR OR DATES			NO II yee, sp		ECENDENT OF HISPANIC ORIGIN? (Specify specify Cuban, Maxican, Puarto Rican, etc. S 2 NO Specify:			Black, White, et		can Indian, tc. LACK	
15. DECEDENT'S EC (Specify only highest gra	PUCATION de completed	16a.	DECEOENT'S	USUAL C	OCCUPATIO	ON .		166	b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	rse retired.)	)	ost or working	ng						
12th GRADE			LEG.	AL A	.ID				PRIVAT	E			
17. FATHER'S NAME (First, Middle, Last)									Middle, Malder	Surname)			
ANDREW J. BROOKS	)					_			LSTON	1366			
198. INFORMANT'S NAME (Type/Print) MARQUETTA BROOKS									nber, City or Tov				
20a. METHOD OF DISPOSITION		50h 01 00	EANDDATE				# 4	CAM	P SPRI			20746 Town, State	)
1X Burial 2 Cremation 8 Ra 4 Donation 5 Other (Specify)	moval from State		K CRE					OAT				D.C.	
		/	ords.	HIL O				OIL ITY	WAS	HING.	LON,	D.C.	
21. SIGNATURE OF FUNERAL SERVICE	ICENSEE		1	22	. NAME A	NO ADDRE	SS OF FA	KCILITY					
21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	1 A	/						JOHNSO				NC.
23. PART I. Enter the diseases, o shock, or heart failure disease or condition resulting in death)	r complications the List only one ce	use on each li	ine.	not ente	716 1	KENNE	EDY	ST.	N.W.	W.D.	c. 2	0011	proximate arvai Betwe set and De
23. PART I. Enter the diseases, o ahock, or heart failure immediate CAUSE (Finei disease or condition	a. ACUTE NA DUE TO	use on each li	NTOXICA SEQUENCE O	TION OF):	716 1	KENNE	EDY	ST.	N.W.	W.D.	c. 2	0011	proximata arvai Betwe
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flour death. Page 6 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page S should be detached for use as the burial-transit permit. The fine within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

ASP

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-702 8/5/93 t.t

93 22545

	FOR
1	STATE

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Month, Day, Hear)   125 70 9842   36 YRS.   MONTHS DAYS HOURS MIN.   May 27 1957	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 1276 1 36 Sex   6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Month, Day, Vair)   May 27 1957	of time of periti
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. least birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  7. DATE OF BIRTH (Morth, Day, Year)  May 27 1957	993 2:00 PM
215 70 9842   16-FM 2   F   36   36   May 27 1957	8. BIRTHPLACE (State or Foreign
	Washington D.C.
9s. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COL	UNITY OF DEATH
MARYLAND RTE#214 Mitchellville PH	RINCE GEORGES
RESIDENCE OF DECEDENT	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?
Maryland Anne Arundel Davidsonville	1 TES 2XXNO
100. STREET AND NUMBER 101. ZIP CODE 109. CIT	TIZEN OF WHAT COUNTRY?
7	ited States
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, specify Cuben, Mexican, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, etc.
IF YES, GIVE WAR OR DATES NO 1 YES 2X NO Specify: NO	Specify: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	DUSTRY
Elementary/Secondary (0-12)   College (1-4 or 5+)   Carpenter   U.S. Go	vernment
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  10  15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Carpenter  U.S. GO  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surname)	VOLIMICITO
Joseph W. Bozzi, Sr. Dolores M. Miller	
GO AND RECOMMENDED MANY OF THE PARTY OF THE	ip Code)
Barbara A. Bozzi  1329 West Central Ave. Davidsonvill	e Md. 21035
	- City or Town, State
1 M Souriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Lakemont Memorial Gardens David	sonville Md.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	ME ALL THE STATE OF
Policit C Finance   Beall-Evans Funeral Home,	РΔ
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory or	Md. 20715
16000 Annapolis Rd. Rowie l	Md 20715
23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory of shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):	Md. 20715 rreat, Approximets Interval Batween
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23. PART II. Enter the diseases, or complications that collections and collections that collections are shock, or heart felture. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition)  BUE TO (OR AS A CONSEQUENCE OF):  B. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF)	Approximets Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO  PORT OF PRIOR OF CAUSE OF OR RURAL ROUTE Number,  and the cause(e) end manner ee stated.  TE SIGNED (Month, Day, Year)
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

HORSE AN PERMICIPALITY MAN MAN AND MAN

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Mid 3. TIME OF DEATH 2. DATE OF DEATN MONT 255 GE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign ¼1 □ M 2 124 N. CAROLINA 9c. COUNTY OF DEATN DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION INSIDE CITY IARYLAND CECIL PORT DEPOSIT 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY 10f. ZIP CODE 2083 HOPEWELL ROAD **burial-transit** 21904 USA 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.)
 I YES NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMEO 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify:WHITE BY 3 Widowed 4 Divorced page 5 should be detached for use as the COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN HOUSEWIFE HOME notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) RTHUR HARRISON CAMPBELL ELLA MAY OSBORNE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ERNEST BASHAM 2083 HOPEWELL RD PORT DEPOSIT. MD 21904 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must BROOKVIEW CEMETERY 7 - 19RISING SUN, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral R.T. FOARD FUNERAL HOME 50 RISING SUN MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, filled in by Approximate shock, or heert failure. List only one ceuse on each line. interval Between 0 **IMMEDIATE CAUSE (Fine)** Onset and Death has been signed by the attending physician and completery fille Dept. of Health and Mental Hygiene prior to burial, cremation, the disease or condition Cardial event resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Nosd traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING sar CAUSE (Disease or injury other that initiated events resulting in death) LAST 00 PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMEO? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 | YES 2 | NO OF DEATH? 1 TYES 2 TNO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) the State HOSPITAL OTHER: OR ATTENDING PHYSICIAN: 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Rasidence 6 🗆 Other (Specify) 0 27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED is marked. 1 Natural 5 Pending After ti 1 TES 2 NO BY 2 Accident 28e. PLACE OF INJURY -- At home, farm, street, fectory, office 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED DIRECTOR: / 28 4 Homicide if Item 1 \_\_\_ CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL ( **HDSPITAL** 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT 296. SIGNATURE AND TITLE OF CENTIFIER 29d, DATE SIGNED (Month, Day, Year) 분 THE BE m 2 0 2 2 3 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) Cel, 240 31. DATE FILED (Month, Day, Year) PAR DECIMENTARIS SIGNATURE

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 MONTH Elva Mae Benson JUL A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year 1 □ N 2 K F DAYS HOURS 99 266-76-4701T VDC 5/21/1894 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Westminster Nursing & Convalescent Carroll Westminster RESIDENCE OF DECEDENT 10. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Carroll Hampstead 1 X YES 2 | NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 24 hours after death. Page 6 may be retained by the hospital or attending physician, filled in by the funeral director, page 5 should be detached for use as the burial-transit Main Street 21074 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2, IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married Specify BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 11th grade Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at James Milton Benson Dehlia Francis Cullison BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 H. Alvin Cullison 14722 Old Hanover Road, Boring, Md. 21020 å 20a, METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must metery, cremetory or other place)
Mt. Zion Cemetery Upperco, Maryland examiner 21. SIGNATURE OF FUNERAC SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home filled in by the funeral ion, or removal. 934 S. Main Street, Hampstead, Md. 21074 Vary medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betw 0 IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition\_ DUE TO (OR AS A CONSEQUÊNCE OF): Hears completely resulting in death) executed within other traumatic event, Samo DIVISION OF VITAL RECORDS, P.O. BOX 68760, and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a mtal Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING The law requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST -0 signed by the atter Health and Mental injury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES 2 NO OF DEATH? shows a s certificate has been si th the State Dept. of He id, or item 23 show 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) E HOSPITAL OH ATTENDING PHYSICIAN: The ETMETAL DIRECTOR: After this certificate of within 72 hours after death with the State MITANT. II tem 28 is marked, or liem OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER Check aniv CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITA TO THE FUNERA The filed within 7. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 38 now 22193 00900 2 MESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE place

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE OF MA		IFICA	TE OF	DEATH	MENIA	REG. NO.	t			
	1. DECEDENT'S HAME (First, Middle, Lest)  PRESTON	A.			Row		MON	E OF DEATH	19	93	3. TIME OF DEATH	
	4. SOCIAL SECURITY HUMBER 217 - 14 - 8788	5. SEX 6. 1 ⊠ M 2 □ F	AGE (In yrs. lest birthde 71 YRS	ay) IF t	NOER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	7	8. BIRTH	PLACE (State or Foreign	
OR	9a. FACILITY HAME (If not institution, give s PENINSULA REGION	,	CENTER	9b.		SBURY	EATH			ICOM		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Delaware Sus	10c. CITY, TOWN			WN OR LOCAT	n or Location Delmar				10d. INSIDE LIMITS 1 YES		
FUNERAL	100. STREET AND HUMBER Route	2, Box	207A		101	ZIP CODE	940				HAT COUNTRY? States	
ВХ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	VER IH U.S. ARMED YES 2X HO OR DATES	2×HO If yes, specify Cuban, Mexican, Puarto Rican, etc.) Black, White, atc.						, White, atc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NO	of work of Tuse retir	ione during mo red.)	Labore		Const				
	17. FATHER'S HAME (First, Middle, Last)	Charles 8	Brown			18. MOTHER'S NA						
TO BE	19a. IHFORMANT'S NAME (Type/Print) Ledella M. Brov	vn	196. MAILI Rt.	PING ADD	RESS (Street a	207A,	Route Num Delr	nber, City or Town	) E 1	9940	)	
	20a, METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AHD DA	TEOF DIS	SPOSITION (Na lace) EWS C	me of Cemeter	y 7 - 6	20 Lau	cation -	City or Tov	wn, Stata elaware	
	21. SIGHATURE OF FUNERAL SERVICE LIC	Esky	w-								eral Home MD 21632	
CATION	23. PART I. Enter the disease, or chock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	on each line.	<i>←</i>			th as car	diac or raepi	ratory an	rest,	Approximate Interval Between Onset and Death	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):								
PHYSICIAN: MEDICAL	PART II. Other significant condition	a contributing to dea	ath but not resultin	ig in the	e underlying	cause given in	Part I.	24a. WAS AN PERFORI	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 HO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 HO	HOSPITAL:	/Outpatient 3 🗆 DOA		HER:	ACE OF DEATH (Ch						
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IHJU (Month, Day, Y	bar)	TIME OF IHJURY	28c. IHJI WO 1 Y	JRY AT RK? ES 2 NO		SCRIBE HOW IN	JURY OC	CURED		
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN- building, etc.	JURY — At home, farm (Specify)	n, street,	factory, office		28f. LOC City	ATION (Street as or Town, State)	nd Number	or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	R: On the basis of axami									and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  30. HAME AND ADDRESS OF PERSON WHO	7 for	, us.			29c. LICENSE NUI		0	29d. DATI	E SIGNED	(Month, Day, Year)	
	1/	Mar Y	M.O.,	14	5 B	- 61-0	.//	57.	50	1.5	bu- y m 0.	
	JUL 21 '93	Julia David	son-Pandall	•								

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	2
	24
, C	within
1001	executed
5	20
5	certificate
L 'C	death
Š	the
ב	that
200	requires
į	AR.
(	The
SITISION OF WITHE DECORDS, F.O. BOX 60/60,	I. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h
	ATTENDING
-	OB
-	4

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND				NE	22343
			ENTIFICAL	E OF DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	MY Y	3. TIME OF DEATH
	Robert Willi	am Burke IV				6 9	3 4:10 am
	4. SOCIAL SECURITY NUMBER	SEX 6. AGE (In yrs. I	last birthday) # UNC	ER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign
. 0	213-23-7287	M 2 D F	YRS. MONTH		(Month, Day, Year)	00.	Maryland
		70 - 7			12/12/		
-	9a. FACILITY NAME (If not institution, give street		0 -	TY, TOWN OR LOCATION OF D	EATN		OF DEATN
0	University of Mar	yland Hospy	tal E	altimore		Baly	4 more Cety
15	RESIDENCE OF DECEMENT						1
12	10m. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
DIRECTOR	MD		Bal +	imore			1 YES 2 NO
	10e. STREET AND NUMBER		1 0	101, ZIP CODE		T 40 - 0/7/75	N OF WHAT COUNTRY?
FUNERAL	1708 W. Rogers	Aug.		21209			
쀨				21209		USA	t
5	11. MARITAL STATUS 1  1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		3. WAS DECENDENT OF NISPA		s or No- 14	. RACE — American Indian, Black, White, etc.
ВУ		IF YES, GIVE WAR OR DATES	JNO	If yes, specify Cuben, Maxico			Specify: 12 lite
	3 Widowed 4 Divorced			7			
8	15. DECEDENT'S EDUCAT		DECEDENT'S USUAL	OCCUPATION	16b, KIND OF BU	ISINESS/INDUS	TRY
ᇤ	(Specify only highest grade col	- 1	(Give kind of work don ife. Do NOT use retired	e during most of working			
	Committee y (0-12)	College (1-4 or 5+)	Inf	ant	N	one	
COMPLET							
8	17. FATHER'S NAME (First, Middle, Last)	D1 TTT			AME (First, Middle, Maider		
H	Robert William	Burke III		Marga	ret Burk	e Gr	aham
	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING ADDRE	SS (Street and Number of Bural			
임	Margaret Burl			178 ,Cali			
	20e METNOD OF DISPOSITION 2 Disposition 3 Remove	I from State 20b.PLACI	EAND DATE OF DISPI		DATE 20c. LC	CATION - City	or Town, State
	4 Donation 5 Other (Specify)	Saci	ес неат	t Cemetery	1/19/93	La P	lata,Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SPE /	2/	REHART -ECH	AT'C FINE	DAT II	OME THO
	1 C C	hold, MOOI	7/.	TURINKI - ECU	IOLS FUNE	KAL I	OME, INC.
	77,0:00.			P.O. BOX 5			
1 1							
	23. PART I. Enter the diseases, or con	t only one cause no seek it-	death. Do not anto	er the mode of dying, suc	ch aa cardiac or reap	iratory arrest	
	snock, or naart feliura. Lis	t only one cause on each ilr	seath. Do not ante na.	er tha mode of dying, suc	ch aa cardiac or reap	iratory arrest	intarvai Between
	IMMEDIATE CAUSE (Final	t only one cause on each lir	death. Do not antona.	er tha mode of dying, suc	ch aa cardiac or reap	iratory arrest	
	IMMEDIATE CAUSE (Final	Pneumonia	na.	er tha mode of dying, suc	ch aa cardiac or reap	iratory arrest	intarvai Between
	IMMEDIATE CAUSE (Final	t only one cause on each lir	na.	er tha mode of dying, suc	ch aa cardiac or reap	iratory arrest	intarvai Between
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pneumonia	na.	er tha mode of dying, suc	ch aa cardiac or reap	iratory arrest	intarvai Between
TION	IMMEDIATE CAUSE (Final	Pneumonia	EOUENCE OF):	er tha mode of dying, suc	ch aa cardiac or reap	iratory arrest	intarvai Between
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	Pneumonia Due to (or as a cons	EOUENCE OF):	er tha mode of dying, suc	ch aa cardiac or reap	iratory arrest	intarvai Between
IFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Pneumonia Due to (or as a cons	EQUENCE OF):	er tha mode of dying, suc	ch aa cardiac or reap	iratory arrest	intarvai Between
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	Pneumonia  DUE TO (OR AS A CONS	EQUENCE OF):	er tha mode of dying, suc	ch aa cardiac or reap	iratory arresi	intarvai Between
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Pneumonia  DUE TO (OR AS A CONS	EQUENCE OF):	er tha mode of dying, suc	ch aa cardiac or reap	iratory arresi	intarvai Between
L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):  EQUENCE OF):				interval Between Onset and Death
-4	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):  EQUENCE OF):		Part I. 24a. WAS AP	I AUTOPSY RMED?	interval Between Onset and Death  Onset and Death  24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
-4	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):  EQUENCE OF):		Part I. 24a. WAS AF	I AUTOPSY RMED?	interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS
-4	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):  EQUENCE OF):		Part I. 24a. WAS AP	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
-4	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):  EQUENCE OF):		Part I. 24a. WAS AP	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
-4	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the prosence of the conditions of the	DUE TO (OR AS A CONSI	EQUENCE OF):  EQUENCE OF):	underlying cause given in	Part I. 24s. WAS AN PERFO	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
-4	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the prosum capture.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSIDUE TO (O	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  reaulting in the talks.	underlying cause given in 28. PLACE OF DEATH (Ch	Part I. 24a. WAS APPERFO	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
-4	SINGER, bringer reliurs. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the prosence of the conditions of the condit	DUE TO (OR AS A CONS)  CONTributing to death but not all y  OSPITAL:	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  reaulting in the to the second of the second	underlying cause given in  28. PLACE OF DEATH (Ch ER: unaling Home 5 □ Residence	Part I. 24a. WAS APERFO  1 DYES: eck only one)  8 Other (Specify)	I AUTOPSY RMED? 2  NO	24b. WERE AUTOPSY FINDINGS AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions of the cause. Examiner?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN	DUE TO (OR AS A CONSIDUE TO (O	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  reaulting in the talks.	underlying cause given in 28. PLACE OF DEATH (Ch	Part I. 24a. WAS APPERFO	I AUTOPSY RMED? 2  NO	24b. WERE AUTOPSY FINDINGS AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	DUE TO (OR AS A CONSIDUE TO (O	EQUENCE OF):  EQUENCE OF):  resulting in the state of the	28. PLACE OF DEATH (Chemistry of the control of th	Part I. 24a. WAS APERFO  1 DYES: eck only one)  8 Other (Specify)	I AUTOPSY RMED? 2  NO	24b. WERE AUTOPSY FINDINGS AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART ii. Other significent conditions of the condition	DUE TO (OR AS A CONSIDUE TO (O	EQUENCE OF):  EQUENCE OF):  Feaulting in that  The property of	28. PLACE OF DEATH (Cherring Home 5   Residence 28c. INJURY AT WORK?	Part I. 24a. WAS APPERFO 1 D YES :  eck only one)  8 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street	I AUTOPSY RMED? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pleases or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions of the cause. Examiner?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Manual 5 Pending Investigation	DUE TO (OR AS A CONSIDUE TO (O	EQUENCE OF):  EQUENCE OF):  reaulting in that  3 DOA OTHE 4 N  28b. TIME OF	28. PLACE OF DEATH (Cherring Home 5   Residence 28c. INJURY AT WORK?	Part I. 24a. WAS APERFO  1 DYES: eck only one)  8 Other (Specify)	I AUTOPSY RMED? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the condition	DUE TO (OR AS A CONSIDUE TO (O	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  reaulting in the state of th	28. PLACE OF DEATH (Ch ER: uraling Home 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO	Part I. 24a. WAS AP PERFO 1 (D) YES seck only one)  8 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Yown, State	NAUTOPSY RIMED? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	SINGER, brinaid services, brinaid sease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditi	DUE TO (OR AS A CONSIDUE TO (O	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  reaulting in the total and the common	28. PLACE OF DEATH (Cher.)  28. PLACE OF DEATH (Cher.)  28. INJURY AT WORK?  1 YES 2 NO ctory, office	Part I. 24a. WAS APPERFO 1 PES :  seck only one)  8 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State)	AUTOPSY RMED? 2 NO INJURY OCCUR and Number or i	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	SINGER, brinaid services, brinaid sease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditi	DUE TO (OR AS A CONSIDUE TO (O	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  reaulting in the total and the common	28. PLACE OF DEATH (Cher.)  28. PLACE OF DEATH (Cher.)  28. INJURY AT WORK?  1 YES 2 NO ctory, office	Part I. 24a. WAS APPERFO 1 PES :  seck only one)  8 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State)	AUTOPSY RMED? 2 NO INJURY OCCUR and Number or i	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pleases or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the condition	DUE TO (OR AS A CONSIDUE TO (O	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  reaulting in the total and the common	28. PLACE OF DEATH (Chenry of the country of the co	Part I. 24a. WAS AN PERFO 1 (D YES : 10 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(a) and matime, data and place, as	I AUTOPSY RMED? 2 NO INJURY OCCUR and Number or i	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	SINGER, brinaid services, brinaid sease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditi	DUE TO (OR AS A CONSIDUE TO (O	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  resulting in the total and the	28. PLACE OF DEATH (Cherry Indianal Property of the Control of the	Part I. 24a. WAS AN PERFO 1 (D YES : 10 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(a) and matime, data and place, as	I AUTOPSY RMED? 2 NO INJURY OCCUR and Number or i	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Greene St.

Balte

32. REGISTRAR'S SIGNATURE Julia Davidson Randalle

more MD

21201

umms.

31. DATE FILED (Month, Day, Year)

JUL 1 9 93

22

		FOR
1	_	STATE
	_	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REG	. NO.				
1. DECEDENT'S NAME (First, Middle, Las	)				2. DATE OF DEA	TH		3. TIME OF DEATH		
George	A A FILL	William	Воо	ts	July 1	5, 199	3	1403		
4. SOCIAL SECURITY NUMBER 213-22-0221	5. SEX 1 X M 2 F	6. AGE (in yrs. last birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRT	TH bar)	8. BIRTHI	PLACE (State or Foreign		
213-22-0221  1X M 2 F 84 YRS.  90. FACILITY NAME (If not institution, give street end number)  90. Calvert Memorial Hospital  Prince Frederick  Calvert  RESIDENCE OF DECEMENT  1009 Maryland  90. COUNTY OF OEATH  Calvert  Calvert										
10e. STATE 10b. COUN		10c. Cl	ry, town on Locat	137				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
10e. STREET AND NUMBER 5625 Cherry Hill	Rd.			20639	109. CITIZEN OF WHAT COUNTRY?					
11. MARITAL STATUS  1 Never Merried 2 Merried 3 Nidowed 4 Divorced		EVER IN U.S. ARMED YES 2 XNO R OR DATES	If yes, sp		NIC ORIGIN? (Specien, Puerto Rican, et	Ify Yes or No-	Black	- American Indian, White, etc.		
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	(Give kind of life, Do NOT L	S USUAL OCCUPATION work done during more retired.)	DN st of working	16b. KINO 0	OF BUSINESS/INDU	STRY			
17. FATHER'S NAME (First, Middle, Last)	Doob		C I IIICI I		AME (First, Middle, M					
Joseph  190. INFORMANT'S NAME (Type/Print)	Boots	19b. MAJLIN	O AODRESS (Street a		-	or Town, State, Zip	nmod	ore		
Nellie Jackson		P.O.	Box 130	Huntin	gtown, M	D 20639				
20g. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 6 Other (Specify)										
21. SIONATURE OF FUNERAL SERVICE		12 400	22. NAME AF	ID ADDRESS OF FA	Sewe	11 Funer	cal	Home .,MD20678		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF	DF):	Lenos	<i>L</i> 's			Few me		
PART II. Other algorificant condition of the Per			in the underlying	g cause given in	Pf	AS AN AUTOPSY ERFORMEO? TES 2 AM	1	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
EXAMINER?	HOSPITAC:			ACE OF DEATH (C	neck only one)					
27. MANNER OF DEATH			ME OF 28c, INJ		6 Other (Specification of the Control of the Contro	HOW INJURY OCC	URED			
1   Metural 5   Pending Investigation 3   Suicide 8   Could not b 4   Homicide determined	Idon  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. LOCATION (Street end Number or Rural Fig. City or Town, State)									
oom)		ny knowledge, death occur amination end/or investigat						) end menner ea stated.		
29b. SIGNATURE AND TITLE OF CERTIF	6. 6	E OF DEATH (ITEM 27) (3cm	e Print)	29c. LICENSE NU	MBER 27	29d. DATE	SIGNED	(Month, Dey, Year)		
Dr. Anwar  31. DATE FILED (Month, Dey, Year)  JUL 19 19	Munshi,	M.D.	Prin	ce Fre	derick	, Maryl	land	20678		

Mary State of the state of the

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 12 hours after death with the State Debts, or Headman and Mental Attyping prior to burial, certainty, or removal. The state Debts of the page of th
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as the burial-transit permit

93 22551 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	SINIE UF MINNTLA		NT OF HEALTH AND I TE OF DEATH	MENIAL HYGIEN REG. NO.		22001
	1. DECEDENT'S NAME (First, Middle, Last)	Reck	cet f		2. DATE OF DEATH DO	NY / Q YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2 (8-16-7/6/	6. SEX 6. AGE (1)	yrs. (ast birthday) IF UNE YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS.  B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea)	6. BIRT	THPLACE (State or Foreign ntry)
NC N	Se. FACILITY NAME (If not institution, give a	street and number)	) to P	TY, TOWN OR LOCATION OF DI	EATH CITY	BC. COUNTY OF	DEATH C. K.
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TV -	10c. CITY, TOWN	OR LOCATION	7		10d. INSIDE CITY
	100, STREET AND NUMBER	omerse!		HANCE 101, ZIP CODE		10g CITIZEN OF	1 TES 2 HO
FUNERAL	23807 D	PEAL ISLAN	ed Red	21814	4	0	1,5,
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	3. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxics 1 YES 2 NO Specif	in, Puerto Rican, etc.)	Bia	CE — American Indian, sick, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		Ille. Do NOT use ptired	ne during most of working	16b. KIND OF BU	SINESS/INDUSTRY	Purdue
COMP	17. FATHER'S NAME (First, Middle, Last)	Beckett	LIT DO		ME (First, Middle, Maigen	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)  CATUS G. B	Brckelt	19b. MAILING ADDRI	PAWD 1942	Route Number City'r - Tow	on, State, Zip Code)	)
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)		b. PLACE AND DATE OF OI		1/24/23 C	CATION - City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	Were 7	B	12. NAME AND ADDRESS OF FA	S AUR W	) ncks	J1853 5 HANK MIL
	23. PART I. Enter the diseases, or shock, or heart fallure.	complications that caused. List only one cause on e		tar the mode of dying, suc	ch aa cardiac or reap	Iratory arrest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	7 Square	A CONSEQUENCE OF):	careine	ing of	the Lu	Onset and Death  3 Month
NO	Sequentially list conditions,	much	sive h	emopty	गड	575	30m)
TION		DUE TO (OR AS A					
S	If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A		V			
ERTIFICAL	If any, laeding to immediate ceuse. Enter UNDERLYING	¢	A CONSEQUENCE OF):	0		(65)	
AL CERTIFICATION	If any, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS A	A CONSEQUENCE OF):	undarlying cause given in	Part I. 24a. WAS AI		46. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	cDUE TO (OR AS A	A CONSEQUENCE OF):	undarlying cause given in		RMED?	
	If any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the conditions of the con	cDUE TO (OR AS A	A CONSEQUENCE OF):		PERFO 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	cDUE TO (OR AS A	A CONSEQUENCE OF):	26. PLACE OF DEATH (C	PERFO 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	DUE TO (OR AS A d  Dona contributing to death b  HOSPITAL: 1 S(hpetiant 2   ER/Outs (Month, Dey, Year)	A CONSEQUENCE OF):	26. PLACE OF DEATH (C. IER: Nursing Home 5 ☐ Residence 28c. INJURY AT WORK?	PERFO 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the conditions of the con	DUE TO (OR AS A  d	but not resulting in the	26. PLACE OF DEATH (C. IER: Nursing Home 6	PERFO 1 YES  heck only one) 6 Other (Specify)	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NHO
BY PHYSICIAN: MEDICAL	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined	DUE TO (OR AS A d.  Dona contributing to death b  HOSPITAL: 1 Sympetient 2 ER/Outs (Month, Dey, Veer)  28e. PLACE OF INJURY	petient 3 DOA OTHER STREET, ST	26. PLACE OF DEATH (C) IER: Nursing Home 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	PERFO  1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	INJURY OCCURED  and Number or Burninner as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ACMO  al Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined	DUE TO (OR AS A  d	petient 3 DOA OTHER STREET, ST	26. PLACE OF DEATH (C) IER: Nursing Home 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	PERFO  1 YES  1 YES  6 Other (Specify)  28d. DE\$CRIBE HOW  28f. LOCATION (Street City or Town, State)  e to the cause(s) and must be time, data and piece, a	INJURY OCCURED  and Number or Burninger as stated, and due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ACMO  al Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A d.  Dona contributing to death b The second of the secon	petient 3 DOA OTHER STREET, ST	26. PLACE OF DEATH (C. IER: Nursing Home 6   Raeldenca 28c. INJURY AT WORK? 1   YES 2   NO factory, office he time, date and place, and du my opinion, death occured at the	PERFO  1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  e to the cause(e) and me etime, data and piece, a	INJURY OCCURED  and Number or Burninger as stated, and due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 N-NO  BI Route Number,

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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6 m	ctor.		US
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hour	n be	6	E
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within	pleteh	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	rent,
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR				CE	KIIF	ICAI	E OF	DEA	TH		REG. NO			
1. DECEDENT'S NAME (First		JAMES RUT	THERE	FORD	CRA	AIGHILL, JR.				MONT	2. DATE OF DEATH MONTH DAY YEAR JUL 19 1993			3. TIME OF DEATH P
4. SOCIAL SECURITY NUME		5. SEX		In yrs. last		IF UNDE	1 YEAR	IF UNDER	1	7. DATE	OF BIRTH	1775	a. BIRT	HPLACE (State or Foreign
578-14-921	7	1 🖳 M 2 🗆 F	9	91	YRS.	MONTHS	DAYS	HOURS	MIN.		n, Day, Year) Y 14 1	902	PEN	NSYLVANIA
9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
NATIONAL RESIDENCE OF DEC	EDENT		CENT	CER		BETHESDA MONTGOME					OMERY			
VIRGINIA	Arl	ington				TY, TOWN OR LOCATION ARLINGTON						10d. INSIDE CITY LIMITS? 1 ☐ YES 2 📉 NO		
100. STREET AND NUMBER	YNE ST	REET					101	. ZIP COD	222	01		10g. CITIZEN OF WNAT COUNTRY? UNITED STATES		
11. MARITAL STATUS	4ED						7 (Specify Yes	or No-	14. RAC	E — American Indian,				
	1 Never Married 2 Married FORCES? 1 $\square$ YES 2 NO IF YES, GIVE WAR OR DATES 1926 — 1962							ecify Cuba 2 X NO		n, Puarto I y:	Rican, atc.)		Spec	k, White, atc.
	EDENT'S EDU			18a. DEC	EDENT'S	USUAL O	CCUPATIO	ON ast of working		16b.	KIND OF BUS	SINESS/INI	DUSTRY	***************************************
Elementary/Secondary (0		College (1-4 or 5	+)	life.	Do NOT us	e retired.)	during mo	IST OF WORKI	9					
12		4		I	J.S.	ARMY					DEFENS	E		
17. FATNER'S NAME (First, M								18. MOT	HER'S NA	ME (First, A	Aiddle, Maiden	Surname)		
JAMES RUTHI		CRAIGHII	LL	1							LES LE	_		
											per, City or Tow		_ ′	
ROBERT CRAD			20h		) LS (				ROA	D. MO	CLEAN,	VA CATION —		
12 Burtal 2 Cremation 4 Donation 5 D Other	(Specify)	oval from Stata			atoxocot HIII					1				ia VA
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	. //	4				ND ADDRE	SS OF FA	CHITY				
· Vim	oth	V / Jh	lib	, 21/						2220		ngto	n Fu	Dr neral Home
23. PART i. Enter the di shock, or h	lseasea, 💅 ( eart fsilure.	complications the	t caused	the dea	ith. Do n	ot enter	the mo	de of dy	ing, suc	h aa card	llac or reapi	retory an	rest,	Approximata interval Between
IMMEDIATE CAUSE (Fir		Makeli, V Pole												Onset and Death
disesse or condition resulting in death)	<b>→</b>		IMONI											
		DUE TO	(OR AS A	CONSEC	UENCE OF	F):								
Sequentially list conditi		b DUE TO	(OR AS A	CONSECU	JENCE OF	٦.								
if any, leading to immed cause, Enter UNDERLY	NG					,-								ĺ
CAUSE (Disease or Inju that initiated events		DUE TO	(OR AS A	CONSEC	JENCE OF	7:								
resulting in death) LAS	T L	d												
PART II. Other aignifica	nt condition	a contributing to	death hi	rt not re	aulting I	n the m	deriving	a course (	alven In	Part !	24a, WAS AN	ALITORAN	1.0	
				21 1101 10	aditing i	n alo a	dertynn	g cause y	given in	rait i,	PERFOR	RMEO?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE
										- 1	1 XYES 2	□ NO		OF DEATH?
										-				1 TYES 2 X NO
25. WAS CASE REFERRED TO	O MEOICAL						28. PL	ACE OF D	EATN (Ch	eck only on	e)			
EXAMINER?		HOSPITAL:	ER/Outpa	ntient 3 (	DOA	OTHE	R:	- 10		a 🗆 Other				
27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY		28b. TIME	E OF	28c. INJ				CRIBE HOW I	NJURY OC	CURED	
	Pending Investigation	(Month, D	ay, rour,	- [	ING	M		YES 2	NO					
3 Suicide 8	Could not be	28s. PLACE O building,	etc. (Specia	— At hom	ne, ferm, s	treet, fac	tory, office			281, LOC	ATION (Street a	and Number	or Rumi i	Route Number,
The second second second	detarmined									J/	010/0/			
		CIAN: To the best of												
one) 2 MEDI	CAL EXAMINE	R: On the beels of ex	xamination	and/or in	vestigation	n, In my	opinion, d	eath occur	ed at the	time, data	and place, an	d due to th	ne cause(i	a) and manner as stated,
296. SIGNATURE AND TITLE	OF CERTIFIER	4						29c. LICE	NSE NUM	/BER		29d. DAT	E SIGNED	(Month, Day, Year)
-y. 0. Co	le	MD										<b>&gt;</b> 0	27/5	20/93
30, NAME AND ADDRESS OF			SE OF DEA	TN (ITEM	27) (Type,	Print)					AVAL M			ENTER
J. B. COLE,							-	BE'	THES	DA M	2088	9-56	00	
JUL 2 2 19		122. REGISTRA	H'S SIGNA	TOTAL BE										
	73 1													

DHMH-18 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the luneral director, page 3 should be detached for use as the bunal-transit permit, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO INTERCHAND UNICOUNT ALIE HIMS DESCRIPED BY US ALIENDED BY THE ALIENDED BY THE ALIENDED BY THE TRANSPORT OF THE ALIENDED BY THE TRANSPORT OF THE ALIENDED BY	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

				-1111111	JAIL	I DE	ALL		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	Iris I.						_ 7 ·	- 2	0 ~	93	12:10 Pm
	540-26 0027	1 M 2 KF	6. AGE (In yrs. les		IF UNDER 1 YE			7. DATE OF (Month, De	ny, Your)		8. BIRTH Country	PLACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give a	, ,	10	_				March	14,1	7	Kan	
œ	Should Grown	Shady Grown Advallat Has					ATION OF DE			100	INTY OF DI	
DIRECTOR	RESIDENCE OF DECEDENT	Haventis	I HODY	Ha.	NC.	CYI	sille	2		INE	print	omery
E I	10a. STATE 10b. COUNTY	1		10c. CITY,	TOWN OR LO	CATION					4	10d. INSIDE CITY
5	Maryland	Montgome	ry								LIMITS?	
A	10e. STREET AND NUMBER			101. ZIP CODE						THAT COUNTRY?		
FUNERAL	14203 Manifest W	ay		20878						Uni	ted S	States
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS	DECENDEN	OF HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian, White, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA		10			O Specify	n, Puerto Rica	n, etc.)		Specif	
	15. DECEDENT'S EDU	1			<u> </u>							nite
12	(Specify only highest grade	completed)	(Gi	CEDENT'S US we kind of wor Do NOT use	rk done during	ATION most of wo	rking	16b, KIA	ND OF BUS	SINESS/INI	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	1 200	omema					Otem	Hom		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2	- 1 11	Ontenia	KCI	10.00	THER'S NA	ME (First, Midd				
		Beane Fry	Θ.			10. m		y Davi		Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	Dodie III		, MAILING A	DDRESS (Str	et and Num		loute Number, (		n State 7/	n Code) (	ZA_OUD
2	Mary Ann Carrabi	no										otland
1	20a. METHOD OF DISPOSITION	I DATE OF THE STATE OF THE STAT	20b. PLACE	ND DATE OF	DISPOSITION	(Nama of		DATE			City or Ton	
i	1 X Burial 2 Cremation 3 Rem-	oval from State	cametery, crea	ld Ce	meter	y 7/2	3/93	Arnold, Kansas				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE .		22. NAME AND ADDRESS OF FACILITY Robert A. Pumphr Home/Rockville, Inc., 300 W. Mon						rev Funeral		
	Michele G	Kuth	MO	0348	Hom	e/Roc	kvill	e, Inc ille,	:., 3	00 W	. Moi	ntgomery 350-2805
	23. PART I. Enter the diseases, or o	complications that	caused the de	ath. Do not								Approximate
	ahock, or haart failure.  IMMEDIATE CAUSE (Final	List only one caus	e on each line				,		ор.	rutory ar	· out,	interval Batween
	disesse or condition	JATTA	19019 C	Bleed							Onset and Death	
	resulting in death)	DUE TO (C	OR AS A CONSEC	SUENCE OF):								
z		b								ļ l		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEC	DUENCE OF):	OF):							
2	CAUSE (Disease or injury	L										
	that initiated events resulting in dasth) LAST	DUE TO (C	OR AS A CONSEC	NUENCE OF):								
5		1							-			
	PART II. Other aignificant condition	a contributing to d	eath but not re	esulting in	the underi	ying cause	given in i	Part i. 24	. WAS AN			WERE AUTOPSY FINDINGS
EDICAL								1.0	PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEI								_   ''	160 2	X no		OF DEATH? 1 YES 2 NO
								_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	was -				. PLACE OF	DEATH (Che	ck only one)				
Š	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	lome 5 🗆	Residence	8 Other (Sp	pecify)			
H	27. MANNER OF DEATH	28a. DATE OF III (Month, Day		28b. TIME (		INJURY AT WORK?		28d. DESCRI	BE HOW II	JURY OC	CURED	
'n	1 Natural 5 Pending 2 Accident Investigation					YES 2	□ NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, at	INJURY — At hor ic. (Specify)	me, term, stre	et, factory, c	iffica		261. LOCATIO City or To	N (Street a	ind Number	or Rural Re	oute Number,
릴		CIAN: To the best of m										
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of exa	mination and/or is	nvestigation,	In my opinio	n, death occ	cured at the t	lime, data and	place, an	d due to th	ne cause(a)	and manner ea stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	/ -	42			29c. L	CENSE NUM	BER 2 4	0	29d. DAT	E SIGNED	(Month, Day, Year)
<u>و</u>		ag laury	17 /			1 '	ע פיוי	2439	8	-	720	93 5P
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEN	1 27) (Type, Pr	rint)	w 2.	111	06	Parh.	م ماد	0 2	087/)
					1 6/0	K KO	7 4	-20 1	COCH	יוורן מ	W of	00)0
	31. DATE FILED (Month, Day, Year)	funa Davidso	s signature	2								
- 16	- UUL ** ** 1JJJ /.	7	-	- Their and								- 1

1 - STATE REGISTRAR		STATE OF MAI		DEPAR					MENTA		E		
1. DECEDENT'S NAME (First	t, Middle, Last)		- 0.		OATE	. 01	DEAT		2. DAT	REG. NO.			3. TIME OF DEATH
	IGNACI	O PEREZ CO	ONCEPC	TON					MON'	ily 19,	1993	YEAR	11.20 P M
4. SOCIAL SECURITY NUMBER			AGE (In yrs. les		IF UNDER	100	IF UNDER		7. DATE	OF BIRTH	I	S. BIRTN	PLACE (State or Foreign
579-52-7689	)	1 M 2 G F	72	YRS.	MONTHS	DAYB	HOURS	MIN.		y 20, 1	920	Country	" HAM
9a. FACILITY NAME (If not in	nstitution, give str	reet and number)			9b. CITY	, TOWH O	R LOCATIO	N OF DE	EATN		9c. COUN	ITY OF O	
NATIONAL RESIDENCE OF DEC	NAVAL	MEDICAL (	CENTER			BET	BETHESDA MONTGOMERY					GOMERY	
10a. STATE	10b. COUNTY			10c. CITY	, TOWN C	OR LOCATI	ON			·			10d. INSIDE CITY LIMITS?
				V	Vash:	ingto	on, D	C					1 X YES 2 NO
100. STREET AND NUMBER 607 GAI		PLACE, SI	Ξ			101.	ZIP CODE	0032	2		-		STATES
11. MARITAL STATUS		12. WAS DECEDENT EV	ER IN U.S. AR	MED	13.	WAS DECE	NDENT OF	HISPAN	IIC ORIGI	N? (Specify Yea	or No —	14. RACE	- American Indian,
3 VWIdoward A Discovered IF YES, GIVE WAR OR DATES 1						2X NO			Rican, etc.)		Specif	PACIFIC	
	EDENT'S EDUC		- 1969						True				LANDER
(Specify online Elementary/Secondary (Control of the Control of th	y highest grade o	completed)	(G	CEDENT'S ive kind of w Do NOT us	rork done	during mos	N t of working	,	16	b. KIND OF BUS	INESS/INDI	USTRY	
12	J-12)	College (1-4 or 5+)	Chi	ef Pe	etty	Offi	cer		σ	nited :	State	s Na	avy
17. FATNER'S NAME (First, M							18. MOTH	ER'S NA		Middle, Maiden S			
		OS CONCEPO								PEREZ			
Rose Concept		i sostomo	198	o. MAILING					Route Nun	nber, City or Town	, State, Zip	Code)	
20a. METNOD OF DISPOSIT		TSOSCOMO	20b. PLACE	7211			ANE.	FAI		CHURCH.			
1 Duriel 2X Crematic	on 3 🗆 Remo	val from State	cametery, cre.	matory or ot	her place) 7 Crc	ama i-c	naoi Srinn	7	/22/	93	ATION — C		un, Stata aryland
21. SIGNATURE OF FUNERA		ENSEE	MOO		23.	NAME AN	ADDRES	S-OF-FA	CILITY.	Beti	iesua	I, Mc	ryland
Barbara	Somo	mullend	aure	nce	RO	ockvi	ille,	In	c. ille	300 We	st Mc Land	ntgo 208	omery 350-2805
23. PART I. Enter the d	jseeses, or co	omplications that ca list only one cause	used the de	eth. Do n	ot enter	the mod	le of dyin	g, aucl	h es csr	diec or respir	atory erro	at,	Approximate
IMMEDIATE CAUSE (Fir		ist only one cause	on each line										Interval Between Onaet and Death
disesse or condition resulting in death)	<b>→</b> .	OVERWH	ELMING	BACT	CERIA	AL I	VFECT	CION					177 - 1571.
		DUE TO (OR	AS A CONSEC	DUENCE OF	):								
Sequentially list conditi		OUE TO OR	AS A CONSEC	WENCE OF									
If any, lesding to imme- cause. Enter UNDERLY		00E 10 (0K	AS A CONSEC	DENCE OF	):								
CAUSE (Disease or inju that initiated events	iry 🕻 °	DUE TO (OR	AS A CONSEC	UENCE OF	):								-
resulting in death) LAS	T d												
PART ii. Other algolfica	nt conditions	Contributing to des	th but not n	anulting i	a tha	elo elulo e			David I			T	
		contributing to dec	KII DUL IIOL II	esuiting ii	ii die un	oenying	ceuse gi	ven in	Part I.	24a. WAS AN A PERFORM		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								_	_	1 X YES 2	NO		OF DEATH?
													1 TYES 2 XNO
25. WAS CASE REFERRED TO	O MEDICAL					26. PL/	CE OF DE	ATN (Che	eck ontv o	ne)			
EXAMINER?		HOSPITAL:	/Outpatient 3	□ DOA	OTHER	1:				or (Specify)			
27. MANNER OF DEATH		28a. DATE OF INJU (Month, Day, Y	JRY	28b. TIME	OF	28c. INJU	RY AT	1		SCRIBE HOW IN	JURY OCC	URED	
	Pending Investigation	(monin, bay, h	odi)	INJU	М	1   YE	K7 ES 2 _	NO					
3 Sulcide 6	Could not be	26a. PLACE OF IN. building, etc.	JURY — At hor (Specify)	me, term, si	reet, lact	ory, offica			281. LOC	CATION (Street ar or Town, State)	d Number	or Rural A	oute Number,
4 Nomicide	determined				_							_	
29a. CERTIFIER (Check only one)	IFYING PNYSIC	IAN: To the best of my I	knowledge, de	eth occurre	d at the ti	me, deta a	nd place,	and dua	to the ca	use(a) and manr	or as state	d,	
2 MEOI	ICAL EXAMINER	On the beals of exami	nation and/or is	nvestigation	, in my o	pinion, de	eth occure	d at the	time, date	and place, and	due to the	Cause(a)	and manner as stated,
296. BIONATURE AND TITLE	TOTO THE	MD					29c. LICEN	ISE NUM	BER				(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO		F DEATH STEE	1 27) (Time	Print)		N A == :			71.7		_	21-93
C. S. LEDI		T. MC. US		ary (1)/pe,	. enst)					AL MED		CEN'	FER
31. DATE FILEO (Month, Day,	Year)	1 AZ. REDISTRAR'S	The same of the sa	20			DETUI	UQDA	TID	20889-	0000		
JUL 2 2 19	193												i

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2a nours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perrobe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

**BALTIMORE, MARYLAND 21215-0020** 

TO BE COMPLETED BY FUNERAL DIRECTOR

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S		2
page		å
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou		s merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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After	death	E III

	REGISTRAR CERTIFIC	ATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  5 EAN M. Donald Cob	HLAN	2. DATE OF DEATH MONTH DAY	year 2/03 PM
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	UNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN.		8. BIRTHPLACE (State or Foreign Country) - SCOTLAND
DIRECTOR	WashingTON AdvenTIST 7	CITY, TOWN OR LOCATION OF DI	EATH 9c. (	OUNTY OF DEATH  M D NTGOMERY
DIRE		ASHINGTON DC	***	10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL	6803 5th ST N.W.	101. ZIP CODE 20012	10g.	U.S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Mexico 1 YES 2 NO Specifi	m, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16e. DECEDENT'S USL (Give kind of work high of the control of the contr	done during most of working	166. KIND OF BUSINESS	/INDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Last) ALEXANDER A. MACDONALD	18. MOTHER'S NA	ME (First, Middle, Maiden Surnan DRGINA J. SOUT	tar
TO B	190. INFORMANT'S NAME (Type/Print) THOMAS F. COGHLAN - 190. MAILING ADI SAME A	S 10e	Route Number, City or Town, State	, Zip Code)
	203. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF D cemetery, crematory or other CEDAR HI			W — City or Town, State LTLAND, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ST N.W. WAS	SHINGTON., D	
	23. PART I. Enter the diseases, or complications that caused the death. Do not a shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	enter the mode of dying, suc	h as cardiac or respiratory	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	ic autro	3000	= 16H20
	PART II. Other significent conditions contributing to death but not resulting in the		- 1	
MEDICAL	a symmetric conditions contributing to death put not resulting in the	one underlying ceuse given in	Part I. 24a. WAS AN AUTOP PERFORMED?	AMILABLE PRIOR TO
AN:	25. WAS CASE REFERRED TO MEDICAL			
SICI	EXAMINER? HOSPITAL: OT	26. PLACE OF DEATH (CH		
BY PHYSICIAN:	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  2 Accident Investigation	Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY	OCCURED
	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, stree building, atc. (Specify)	t, factory, offica	281. LOCATION (Street and Nur City or Town, State)	nber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE CONTROL STANDARD STANDAR			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED	29c. LICENSE NUI	199d.	DATE SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	" 10313 h	easy a Ave	Tilled Major
	JUL 1 2 1993 Julia Davidson-Rondalls			mo

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500000000000000000000000000000000000000	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and michigan and completely filled in by the funeral director, page 5 and michigan and completely filled in by the funeral director, page 5 and michigan and completely filled in by the funeral director, page 5 and michigan and completely filled in by the funeral director, page 5 and michigan and completely filled in by the funeral director, page 5 and michigan and completely filled in by the funeral director, page 5 and michigan and completely filled in by the funeral director, page 5 and michigan and completely filled in by the funeral director, page 5 and michigan and completely filled in by the funeral director, page 5 and michigan and completely filled in the funeral director and michigan	De fied within 21 from and beat with the State Cept, or regult and wenter hygiene prior to bottal, cleritation, or entroyal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
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	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	RITMENT OF I		MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle Last)	n 5 Ho (	Choi			2. DATE OF DEATH	DAY 16-9	year 3. TIME OF DEATH
			AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	. 1	3. BIRTHPLACE (State or Foreign Country)
	172 02 0501	1 X M 2 - F	69 YRS.	MONTHS DAYS	HOURS MIN.	July 19.		Korea
_	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH
DIRECTOR	Shady Grove Adve	ntist Hos	spital	Rocky	ville		Mont	gomery
12	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland Montg	omery	G	aithersl	ourg			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
Ä	17060 King James	Way, Apt	. 710		2087	7	Ко	rea
15		12. WAS DECEDENT E FORCES? 1				NIC ORIGIN? (Specify an, Puarto Rican, etc.)		4. RACE — American Indian, Black, White, atc.
8	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES X		2 NO Spec			Specify:
	15. DECEDENT'S EDUCA	TION	40- 0000000000		40.			Oriental
COMPLETED	(Specify only highest grade co	impleted)	(Give kind of life. Do NOT u	USUAL OCCUPATI work done during mo se retired.)	ON ost of working	16b, KIND OF	BUSINESS/INDU	STRY
17	Elementary/Secondary (0-12)	College (1-4 or 5+)				Pople.	ina	
OM	17. FATHER'S NAME (First, Middle, Last)		Manag	er	18 MOTHER'S N	Bank		
	Sah I. Choi					K. Kim	en sumeme)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street )		ROute Number, City or	Town State Zin C	indel
임	Choon Hi Choi							burg, Md.20877
	20a. METHOD OF DISPOSITION	5-703+400-300	20b. PLACE AND DATE					ty or Town, State
	1) Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	Norbeck M	ther place) Parl		20-93 0		
	21. SIGNATURE OF TIMERAL SERVICE LICEN	195		22. NAME A	NO ADDRESS OF F	ACILITY		
	Mari de la	2001		-		i Funeral		
	23. PARY I. Enter the diseases, or cor	molications that or	used the death. Do	11800	New Ha	mpshire A	ve,Silv	er Spring, MD.
	shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a	only one cause	on each line.	Vasco				Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSEQUENCE OF	F):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE OF	<b>ም</b> ):				
	PART II. Other aignificant conditions	contributing to de	ath but not resulting	In the underlyin	a course alma in	Boot I Day uno	***************	
CAL	drug		an but not resulting	in the onderlyin	g cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI	00,9	and Par	~ /	,		1 TYES	2 NO	OF DEATH?
Σ	- Chron	Mc ree	and t	alle	re			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00.00	100 00 00000000000000000000000000000000			
SCI	EXAMINER?	IOSPITAL:		OTHER:	ACE OF DEATH (C			
Η	27. MANNER OF DEATH	28a. DATE OF INJ	URY 28b. TIM		URY AT	6 Other (Specify)  28d. OESCRIBE HO	W IN HUMY OCCU	ara .
	1 Natural 5 Pending	(Month, Day, )	fear) INJ	URY WO	PRK?	200. VESCHIBE HO	W INJUNY OCCU	RED
BY	2 Accident Investigation 3 Suicide Could get be	28a. PLACE OF IN	JURY — At home, farm, s			281. LOCATION (Stre	et and Number or	Rurel Route Number,
COMPLETED	4 Homicide B Could not be determined	building, etc.	(Specify)			City or Town, Sti	ate)	THE OZ FIONIS THE THE OFF
1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my	knowledge, death occurre	ed at the time, date	and place, and du	to the courses and		
N N								Cause(s) and manner so stated.
	29b, SIGNATURE AND TITLE OF CENTIFIER			Selection,	29c. LICENSE NU			
BE	X	1 ws			D35		29d. DATE S	SIGNEO (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WAS	COMPLETEO CAUSE O	OF OEATH (I FEM 27) (Torse	Print)			- //	1/1/3
	Stephen Vacc	ave 3 3	6240	Mont	rore	RIP	och	de Moss
	JUL 1 9 1993	Julia Day	SIGNATURE Pandelle					

ent a d

3. TIME OF DEATH

10d. INSIDE CITY

WHAT COUNTRY?

14. RACE — American Indian, Black, White, atc.

Specify: Black

Maryland

1 THE YES 2 NO

102

Approximete

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE

DF DEATH? 1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month,

7.20

netigation, in my opinion, death occured at the time, date and place, and due to the cause(s) end menner es stated.

GREEN BELT

89

interval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

Maryland

PRINCE GEORGE'S

17A

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year

09/29/13

MONTH

20

93EAR

9c. COUNTY OF DEATH

10g. CITIZEN OF

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

218 30 2848

JOHN

Α

5. SEX

1 X XM 2 - F

JR.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)

Allending

32. REGISTRAR'S SIGNATURE Julia Davidson

7525

COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

Green Way

1 CERTIFYING, PHYSICIAN: To the best of my knowledge, death occurred at the time, data end pisce, end due to the cause(e) end menner se ateted.

9 Physician

Contre DRIVE.

COATES

6. AGE (In yrs. last birthday)

60 YRS.

notified at

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filled in by the fulion, or removal.

cremation. traumatic event, the

completely executed within

been signed by the attending physician and con rt. of Health and Mental Hygiene prior to bunal.

has be Dept. item 23 s

FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State

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223

or other

Injury.

shows any

marked, or

69

item 28

IMPORTANT: If

BY

COMPLETED

BE

2

2 Accident

3 Sulcide

4 Homicid

31. DATE FILEO (Month, Day, Year 26

(Check

8 Could not be

SING

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

requires that the death certificate be

HOSPITAL OR ATTENDING PHYSICIAN: The law

OHMH-16 Rev 1/89

ITEMS: 23 PART I, II, 27, PER MEO G-702 8/18/93 t.t

93 22558

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 CLARE CAMPBELL 1:00 A MARY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign 10/10/36 1 M 2 XF 56 HOURS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH HARFORD MEMORIAL HOSPITAL HAVRE DE GRACE HARFORD 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Harford Belcamp 1 🗌 YES 2 🙀 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4214 Baylis Court use as the burial-transit 21017 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto R IF YES, GIVE WAR OR DATES 1 YES 2 XNO BΥ 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUSTRY (Specify only highest grade filled in by the funeral director, page 5 should be detached for ion, or removal. Elementary/Secondary (0-12) College (1-4 or 5+) 4 0 Production worker Non-profit Industry 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) William A. Campbell notified at Theresa Pietroff 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. William A. Campbell 87 Merrimac Drive, Flagler Beach, FL 9 20s. METHOD OF OISPOSITION
1 🔀 Burlel 2 🗆 Cremetion 3 🗀 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, Stata Must Gardens of Faith Cemetery 7/28 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. Aberdeen, MD 21001-3399 medical 23. PART I. Enter the disesses, or complications that cause the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on alch line. Approximata intarval Batween **IMMEDIATE CAUSE (Final** I completely filled irial, cremation, the disease or condition a. CARDIAC ARRHYTHMIA resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) After this certificate has been signed by the attending physician and con-leath with the State Dept. of Health and Mental Hygiene prior to burial, marked, or Hem 23 shows any Injury, or other traumatic en CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO OLD CONTUSIONS CENTRAL NERVOUS SYSTEM, ARTERIOSCLEROTIC CARDIOVASCUL YES 2 NO COMPLETION OF CAUSE DISEASE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATN (Check only one) OTHER: LELYES 2 | NO 1 | Inpatient 2 | TR/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 28a, DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCUREO 1 X Natural 5 Pending 1 YES 2 NO BY After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28 is r 3 Suicide THE HOSPITAL OR ATTENDII THE FUNERAL DIRECTOR: AI filed within 72 hours after de 28t LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide MPORTANT: If Item 29s. CERTIFIER
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 😾 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Makt MD 1993 24 OCME 223 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT MD Penn Street, Baltimore, Maryland 21201 31. DATE FILEO (Month, Day, Year) '93 Luka Davidson-Randsee

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic and TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	JUDGH C	ARL	JUDIT	H FAYE (	CARL		2. DATE OF D	24	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-42-9192	5. SEX 8. AG	E (In yrs. lesi	VRS. F UND	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day NOV . I	( Year)	BIRTHPLACE (State or Foreign Country)     Maryland
	9a. FACILITY NAME (If not institution, give st	reet and number)	7	9b. CI	TY, TOWN C	OR LOCATION OF DI			INTY OF DEATH
DIRECTOR	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE								
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE C								10d. INSIDE CITY	
	Maryland Ca	arroll		Tane	eytow		_		1 X YES 2 NO
FUNERAL	319 Taney Driv	ve			101	21787			S.A.
O.	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 YE				ENDENT OF HISPAI		ecify Yes or No-	14. RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF				Polify Cuben, Mexica 2 NO Specif		, etc.)	Specify: Caucasian
TED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE(	CEDENT'S USUAL ve kind of work don Do NOT use retired	OCCUPATION OCCUPATION	ON st of working	16b. KINI	O OF BUSINESS/IN	DUSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		chers As			Pub	lic Scho	ol
COM	17. FATHER'S NAME (First, Middle, Last)			<u> </u>	-			, Maiden Surname)	
BE	Norman E	lwood, Toms	_					Belle Yo	
5	James L. Carl					nd Number or Rural ve, Tane			
	20a. METHOD OF DISPOSITION  1 Donation 5 Other (Specify)	ovel from State	20b. PLACE A	IND DATE OF DISPO	OSITION (Na	me of emetery	7/28	Legore,	City or Town, State
	21. SIGNATUBE OF FUNERAL SERVICE LICE					ID ADDRESS OF FA			RAL HOME
	Johnshix	Hiles			136 E	. Baltim			town, MD 21787
CERTIFICATION	23. PART I. Enter the diseases, or cashock, or heart failure. It is important to the case or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A)  OUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)	each line.					or respiratory au	Approximate interval Between Onset and Death  7 years  1 years  3 days
MEDICAL	PART II. Other eignificant conditions	s contributing to death	but not n	esuiting in the	underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DEATH (Ch	eck only one)		
ΥS	TOTHER:  1   YES 2   NO								CURED
I	27. MANNER OF DEATH	28a. DATE OF INJUR							
	27. MANNER OF DEATH			INJURY M					
BY	27. MANNER OF DEATH  Natural 5 Pending		r) IRY — At hor	M	1 🗆 1	ES 2 NO	281. LOCATION City or Tox	N (Street and Number vn, State)	or Rural Route Number,
BY	27. MANNER OF DEATH    Natural 5   Pending	(Month, Day, Yea  28a. PLACE OF INJU- building, etc. (S  CIAN: To the best of my kn	iRY — At hor	M na, farm, street, fi	1 🗆 Y	rES 2 NO	to the cause(s)	vn, State) and manner as sta	nted.
COMPLETED BY	27. MANNER OF DEATH    Natural 5   Pending	(Month, Day, Yea  28a. PLACE OF INJU building, etc. (S  CIAN: To the best of my kn	iRY — At hor	M na, farm, street, fi	1 🗆 Y	rES 2 NO	to the cause(a)	and manner as sta	
BE COMPLETED BY	27. MANNER OF DEATH    Natural   5   Pending	(Month, Day, Yea  28a. PLACE OF INJU building, etc. (S  CIAN: To the best of my kn  R: On the basis of axamins	r) IRY — At hor pecify) owledge, der	Me, farm, street, fi	1 🗆 Y	res 2 NO	to the cause(a)	and manner as sta	nted. the cause(e) and manner as stated.
COMPLETED BY	27. MANNER OF DEATH    Natural   5   Pending	(Month, Day, Yea  28a. PLACE OF INJU building, etc. (S  CIAN: To the best of my kn  R: On the basis of axamins	r) IRY — At hor pecify) owledge, der tion end/or in	M street, fi	1 _ 1	and place, and due eath occured at the	to the cause(s) time, data and	and manner as sta place, end due to t	ted. the cause(e) and manner as stated. TE SIGNEO (Month, Day, Year)
BE COMPLETED BY	27. MANNER OF DEATH    Natural   5   Pending	28a. PLACE OF INJUDUIDING, etc. (S)  CIAN: To the best of my kn  R: Do the basis of examine  COMPLETEO CAUSE OF  CIAN: TO THE BASIS OF EACH CAUSE OF  22. REGISTRAR'S SI	r) IRY — At hor pecify) owledge, der tion end/or in	M street, fi	1 _ 1	/ES 2 NO and place, and due eath occured at the 29c. LICENSE NUR	to the cause(s) time, data and	and manner as sta place, end due to t	ted. the cause(e) and manner as stated. TE SIGNEO (Month, Day, Year)

BALTIMORE, MARYLAND 21215-00	in 24 hours after death. Page 6 may be retained by the hospital or attending p	ely filled in by the funeral director, page 5 should be detached for use as the b nation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours when feath. Page 6 may be retained by the hospital or attending a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the tuneral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

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STATE OF MARYLAND				HYGIENE
	ERTIFICATE	OF DEATH	1	REG. NO.

	REGISTRAR		CER	TIFIC	ATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DE	EATH
	PHILIP A	NDREW	CURRIE				<b>монти</b> 7	20		93	11:20	Z\ M
	4. SOCIAL SECURITY NUMBER 212-84-3394	5. SEX 8.	AGE (In yrs. lest birt	thday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Morith, D	BIRTH	961	8. BIRTI	HPLACE (State or	Foreign
œ	9a. FACILITY NAME (If not institution, give s VAMC PERRY POINT,		<u> </u>			OR LOCATION OF DI Point, MI	EATH	£ 1.	9c. COU	NTY OF D		
6	RESIDENCE OF DECEDENT				CLLY	TOTILC, III			Ce	CII		
E E	10a. STATE 10b. COUNTY	Y	10	c. CITY, TO	OWN OR LOC	ATION		_			10d. INSIDE C	ПУ
L DIRECTOR	Maryland Talb	ot			East						1 YES 2	
FUNERAL	818 Applewood	Court				21601				JSA	WHAT COUNTRY	7
à l	11. MARITAL STATUS  1	12. WAS DECEDENT E FORCES? 1 \$\overline{\text{V}}\$ IF YES, GIVE WAR NAVY	YES 2 NO		If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2 X NO Specif	in, Puerto Rici	Specify Yes an, etc.)	or No-	14. RACI Blaci Spec	E — American ir k, White, etc. iiy: Whi	
TED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECED	ENT'S USU	AL OCCUPAT	ION lost of working	16b. KI	IND OF BUS	INESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		rten				Casi	no			
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		_				
BEC		Currie				Janio						
٩	19a. INFORMANT'S NAME (Type/Print) Kenneth L. Cur	rie	19b. M/	IΩ		and Number or Rural					21601	
	20a. METHOD OF DISPOSITION	· ·	20b. PLACEAND				DATE	20c. LOC				
- 1	1 Durial 2 Excremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	cemetery cremeto	ry or other i	lacel	natory						
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Luaria	JULY	22. NAME /	IND ADDRESS OF FA	CILITY				, IID	
- 1	JOHN Z.	A- FOCE	20.3 66		New	nam Fune	eral	Home	, P.	Α.		
2		a, Possible	Massive	Pulm	onary	Embolus	h as cardiad	c or respli	ratory arr	rest,		mate Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Secondary  DUE TO (OF	AS A CONSEQUEN			.0313						
	PART II. Other significant condition	s contributing to de	ath but not resul	iting in th	ne underlyi	ng cause given in	Part I. 24	la. WAS AN /		24b	. WERE AUTOPSY MAILABLE PRIC	OR TO
PHYSICIAN: MEDICAL							_   1	YES 2	□ NO		OF DEATH?	
Z	25. WAS CASE REFERRED TO MEDICAL				28. 6	LACE OF DEATH (Ch	eck only one!					
Sic	EXAMINER?  1 YES 2X NO	HOSPITAL:	R/Outpetlant 3 🗆 F		HER:			cann!				
	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE DF IN. (Month, Day,	JURY 28	b. TIME OF	28c. IN	JURY AT ORK? YES 2 NO	28d. DESCR		JURY OCC	CURED		
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF II building, etc	NJURY — At home, 1 . (Specify)	farm, stree			281. LOCATIO	ON (Street a: fown, State)	nd Number	or Rural I	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSIC 2 🗌 MEDICAL EXAMINE	CIAN: To the best of my R: Dn the basis of axam	knowledge, death o	occurred at	the time, date	e and place, and due death occured at the	to the cause(	(a) and man	ner se stat	ed. e cause(s	s) and manner a	s stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	eele	este	1		29c. LICENSE NUI D21779	MBER		29d. DATI	SIGNED	(Month, Day, Yes	73
	VI JAY NELLORE, M		OF DEATH (ITEM 27) IC PERRY			21902				,	V	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									
	JUL 2 2 1993	Grania Bair	tson-Rande	M.								

14. RACE — American Indian, Black, White, etc.

Specify:

Black

REGISTRAR			CE	RTIF	ICATE	OF	DEAT	ГН	REG. NO.	_			
1. DECEDENT'S NAME (E)	St, Middle, Last)	E.	Cole						2. DATE OF DEATH	- 9	S S	3. TIME	OF DEATH
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	8.	BIRTH	PLACE (S	State or Foreign
217-28-20	98	1 M 2 F	59	YRS.	MONTHS	MONTHS DAYS HOURS MIN. (Month, Day, Year) Cou				Was	sh. D.C.		
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH													
Prince Ge	orges	Gen Ho	spital		Cì	ieve	erly			Prin	ce	Geo	rges
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d INC	IDE CITY
MD Prince Georges Capital Heights 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							HTS?						
10e. STREET AND NUMBE	R					101	. ZIP CODI	E		10g. CITIZE	N OF W	VHAT COL	JNTRY?
607 Clovis Ave. 20743 United States													

DIRECTOR FUNERAL 607 Clovis Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 25 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) Charles Sellman BE 19e. INFORMANT'S NAME (Type/Print) 2 Timothy I. Cole 20a. METHOD OF DISPOSITION
1 Deputial 2 Cremation 3 Removal from State Washington National Donation 5 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

W.S.S.C. Water Department 18. MOTHER'S NAME (First, Middle, Melden Surneme)

16b. KIND OF BUSINESS/INDUSTRY

Delores DeVille 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

11222 Kettering Pl. Upper Marlboro, MD. 20772 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 7/3/93 Suitland, MD.

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-

If yes, specify Cuben, Mexican, Pt 1 TES 2 NO Specify:

22. NAME AND ADDRESS OF FACILITY Hodges and Edwards 3720 Old Silver Hill Rd. Suit.MD. 23. PART/I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, Approximata

anock, or naert ta	ilura. Liat only one causa on each line.
IMMEDIATE CAUSE (Final	
disease or condition	Real France as a series of the
resulting in desth)	Hypertensus Cardiovasculo desegre.
	OUE TO (OR AS A CONSEQUENCE OF):
	_ 4
Sequentielly list conditions.	D

**OUE TO (OR AS A CONSEQUENCE OF):** if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.	T

24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | #10

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO

interval Batween Onset and Death

25. WAS CASE REFERRED TO MEDICAL EXAMINENT 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA

ome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be

281. LOCATION (Street and Number or Rural Route Number, City of Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner ee stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, end due to the ceuse(s) end manner es stated.

B. SCHATURE AND TITLE OF CENTIFIER	INCENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Number of the state of the stat	17)	

retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 24 hours after death. Page 6 may be permit.

use as the burial-transit

filled in by the funeral director, page 5 should be detached for on, or removal.

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attending physician and con intal Hygiene prior to bunal,

signed by the atter Health and Mental shows any injury. MEDICAL

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CERTIFICATION

PHYSICIAN:

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COMPLETED

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thet initieted events resulting in death) LAST

2 Accident

3 Suicide

4 Homicide

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: A De filed within 72 hours after do IMPORTANT: If Item 28 is 분분을

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١	-	F.	P
	OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Presention, or removal.	MY. 16 form 00 to marginal and them 00 about a marginal and a second the marginal at
	SS	불별	5

								93	22562
		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPAR	TMENT OF H	HEALTH AND		_	
		1. DECEDENT'S NAME (First, Middle, Last)		ERIT	ICATE OF	DEATH	REG. NO		3. TIME OF DEATH
		AlCides Al	Faro C	AR	RAI	VZA		93	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. ie	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	IRTHPLACE (State or Foreign puntry)
2		5'18-1'1-303')	138 M 2 D F 37	YRS.		-95/2- IIIII	15519		
<b>不是那么</b>	Œ	FACILITY NAME (If not institution, give str	eet and number)		96. CITY, TOWN	OR LOCATION OF D	EATH	Sc. COUNTY O	OF DEATH
	DIRECTOR	RESIDENCE OF DECEDENT	HOS PITAL		HED	ER)(I	1,100	1	
-	an l	10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LOCAT		,		10d. INSIDE CITY LIMITS?
A III		10p. STREET AND NUMBER		1 10		IN GTO	N	10c CITIZEN (	1 VES 2 NO
physician. burial-transit permit	FUNERAL	145-1 PAR	EK RN. N.	(1)	6	20010		FIC	BINDDIP
physician burial-tra	J. N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 29		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No — 14. R	IACE — American Indian, Black, Whits, stc.
	ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specif	y:	1.9	popily: Dog. 4 o
al or attending for use as the	요	15. DECEDENT'S EDUC			USUAL OCCUPATION		SPANIC 16b. KIND OF BUS	SINESS/INDUSTR	1 > LAIN
for us	<u> </u>	(Specify only highest grade of Elementary/Secondary (0-12)		. Do NOT us		st of working			
the hospital or attending detached for use as the once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	L	AR	OR				
by the lbe de	E C	SICE ALTE	AL EDD?	١		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame) DD 入 n	70
5 should notified	O B	190. INFORMANT'S NAME (Type/Print)	25Q Wali 19	b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or Tow	m, State, Zip Code	2
2 8 6	ĭ		nearna /	457	PAR	KRD.1	U.W. WA	Sh.D.	C, 200/0
may or, pa		20s. METHOD OF DISPOSITION  10 Burlel 2 Cremetion 3 Remo	val from State 20b. PLACE cemetery, cre		F DISPOSITION (Na			CATION — City o	
Page 6 m Il director, ner must		4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		UNI		SAL VAL		MOIN	EL SACYADOR
hours after death. Page 6 ed in by the funeral direct or removal.		MA Ba	can 2	11	W.H.	BACQ	NO STAZII	)	
ours after of in by the or removal.		23. PART i. Entar the diseases, or co	emplications that caused the de	eth. Do n	ot entar the mo	da of dying, suc	h as cardiac or reapi	ratory arrest,	Approximata
24 hours filled in on, or re he med		IMMEDIATE CAUSE (Final	lat only one cause on each line	). B					interval Between Onset and Death
		disease or condition resulting in death)	Muttiple S	421	em O	rgan	failure		
B 0 8	_	_	DUE TO (OR AS A CONSE	DUENCE OF	3+h.a.		. 0 :	4	
8 " o F	ERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A CONSE	UENCE OF	1. 1.1.61 %	WIN (	م مص	J	
physician ne prior t	CA	CAUSE (Disease or injury		17.W	· epile	Alic Z	grusis		
ding tygie	T.	thet initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	DUENCE OF	):	V			
death of attendental H	ਹ	d.							
hat the death 1 by the atter and Mental ny injury, o	DICAL	PART II. Other significant conditions	contributing to deeth but not	esuiting i	n the underlying	ceuse given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
signed by Health an Health an	ED	Paral labor	Still and And	CUIO	E AGO	JUIDHI	1 TYES 2	KNO	OF DEATH?
w requires been sign of, of Heal	A: ME	ARDS	Tartich I I Al	ONL	ENCL	bronsho	Na. A		1 YES 2 NO
V: The law cate has be State Dept.	NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)		
SICIAN: The la certificate has the State Dept.	PHYSICIAN:	1 Nes 2 No	HOSPITAL: inpatient 2 ER/Outpatient 3		OTHER: 4 - Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
NG PHYSII fter this co sath with 1 marked,	- 4	27. MANNER OF DEATH  1 Netural 5 Pending	28s, DATE OF INJURY (Month, Day, Year)	26b. TIME	JRY WO	RK?	28d. DESCRIBE HOW II	NJURY OCCURED	
ADING P After death is mar	è l	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY — At ho	me, farm, #		11.00	281. LOCATION (Street s	and Number or Bui	rel Boute Number
DR ATTENDING DIRECTOR: After hours after death item 28 is ma	E	4 Homicide determined	building, atc. (Specify)		0.0011614 64 1 500		City or Town, State)	101100100101100	a ribate remon,
AL DIRECT POURS Pours	<u>a</u>	29s. CERTIFIER (Check only 1 CERTIFYINO PHYSIC	AN: To the best of my knowledge, de	ath occurre	d at the lime, date	and place, and due	to the cause(s) and man	iner as atated.	
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death THE FUNERAL DIRECTOR: After this certificate has been signed by the atten filed within 72 hours after death with the State Dept. of Health and Mertal I PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or	COMPLET	one) 2 MEDICAL EXAMINER	On the beals of examination and/or						se(s) and manner as stated.
THE HOSPI THE FUNER filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	A NAIN	2		29c. LICENSE NUN	IBER	29d. DATE SIGN	IED (Month, Day, Year)
2 6 3 ₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (FTER	4 27) /3mc	Print)	U 217	דר	> 1/1	1143
6)			1220m Wy			L. Ave	, Suite 20	04 E	21104
	- 1				-			1 111	CHANCE AN

32. REGISTRABLE SIGNATURE
SINGLE DAY OSON-Randall

		REGISTRAR		C	ERTIFIC	ATE C	F DEATH	REG. NO.		
		1. DECEDENT'S NAME (First, Middle, CHARLES	5	C	#13	HO	LM SRG	DATE OF DEATH	AY 19	S. TIME OF DEATH A
3		4. SOCIAL SECURITY NUMBER 024-22-9388	1 1 1 2   F	63	YRS. MO	UNDER 1 YEA	8 HOURS MINU	DATE OF BIRTH (MANIN Day, Yifar)	192	8. BIRTHPLACE (State or Foreign Country)  Maissachusetts
	DIRECTOR	FACILITY NAME (If not institution,     Malcom Grow Me     RESIDENCE OF DECEDEN	d Ctr. Andrew	s AFE	9%		n or location of death IS Air <b>K</b> orce			ince Georges
	<u>ا</u>	10e. STATE 10b. CC		_	10c. CITY, TO	OWN OR LO	CATION			10d. INSIDE CITY LIMITS?
iğ.	1 1		ne Arundel Co		Riva					1 TYES 2 NO
in. ransit permit.	FUNERAL	3103 Riva RD.				-	101. ZIP CODE 21140		10g. CIT	ZZEN OF WHAT COUNTRY?
-AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit once.	B	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPE IF YES, GIVE WAR OR	S 2 1		If yes,	DECENOENT OF HISPANIC C specify Cuben, Mexican, Po (ES 2 NO Specify:	PRIGIN? (Specify Yes verio Rican, etc.)	or No—	14. RACE — American Indian, Black, White, etc. Specify: White
215 attend use as	윤	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DE	ECEDENT'S USU live kind of work b. Do NOT use ret	IAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/IN	
ottal or of for u	ĽĒT	Elementary/Secondary (0-12)	College (1-4 or 5+)			4	2	0		21
AND the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Les	4	ROC	ofing C	OHUL	18. MOTHER'S NAME (	Contr		on
क दिल्	E C	Richard W.	Chisholm				Florence			Longton
retained by 5 should be notified al	TO B	19a. INFORMANT'S NAME (Type/Print)	O1120117211	19	b. MAILING ADD	DRESS (Stre	et and Number or Rural Route			
40	F	Betty L. Chish	olm	3	310 <b>3</b> R	iva F	Rd. Riva,	MD 21140		
to to the state of		20a, METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	ametagy, cre	and date of or ematory, or other p	olace)	(Name of			City or Town, State
death. Page funeral direct		21. SIGNATURE OF FUNERAL SERVICE					ANO ADDRESS OF FACILITY	Υ		itchie Highway
~ 27	- 8	•				Barr	anco Funera	1 Home S	ever	na Park, MD21146
executed within 24 hours on and completely filled in to burial, cremation, or remails event, the med	CATION	23. PART I. Enter the diseases, shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	ire. List only one cause on	The conse	elman		arest		ratory er	rest, Approximate interval Between Onset and Death
be death certificate be the attending physician Mental Hygiene prior ilury, or other trau	CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS							
requires that the ten signed by of Health and shows any in	1: MEDICAL	PART II. Other significant cond	Itlons contributing to death	La	resulting in the	ne underly	ring cause given in Pari	1. 24a. WAS AN PERFORM	MED?	P.4-b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
	SICIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		-	26. THER:	PLACE OF DEATH (Check of	nly one)		
SICIAN: The Certificate is the State	IYSI	1 ES 2 NO	1 Inputient 2 ER/O		DOA 4	Nursing H	ome 5 Residence 6			
R with P. C.	ву РНҮ	1 Netural 5 Pending 2 Accident Investigat		1993	8 HAURY	M 1[	WORK? VES 2 NO	1. DESCRIBE HOW IN TOWN T	Tue	cknis
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	TED	3 Suicide 8 Could be determined	- Duliging, atc. (S2	эвспу)	me, farm, street	t, factory, o	Mice 281	City or Town, State)	and Numbe	r or Rural Route Number,  ### PT 4
4 4 5 E	COMPLET		HYSICIAN: To the best of my kno							
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P		29b. SIGNATURE AND TITLE OF CERT		TO TOTAL	investigation, in	my opinior	29c LICENSE NUMBER			TE SIGNEO (Month, Day, Year)
THE OT THE DE FILEC	TO BE	My AND ADDRESS OF PERSON	elle MD	1	ME.		112879		> Je	ely 32, 1993
		ALFONSO VA	WHO COMPLETED CAUSE OF I	70 /	TRAF	TOU.	DR. LAR	60 MD	20	172
		31. DATE FILEO (Month, Day, Year)	1993 guha Dand	AUN-	Sindalle					

	IN THE MUSICIAL OF ALLEMBING PRINCIPAL. HE LAW TEQUIES THAT HE BEARDING TO BE EXECUTED WITHIN 24 HOURS ARE DESTINATED BY THE HOSE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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11. 7		ficat	Stal	Ite	
ALOIA	2	certif	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	, O	ĺ
OVIT	2	his (	WITH	ked	ĺ
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	REGISTRAR		CEF	n i	CATE O	F DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEAT	ГН
	Sarah	Jogon	hine	CI	hance		MONT			YEAR	7:30	Δ Μ
		SEX 6.	AGE (In yrs. last bi	rthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	J11	OF BIRTH		993	IPLACE (State or Fo	
	215-62-1190	_ M 2 √2 F			ONTHS DAY		Aug	31, 1	927	Countr	yland	oreign
_	9e. FACILITY NAME (If not institution, give street	,			9b. CITY, TOW	N OR LOCATION OF D	EATH		9c. COL	JNTY OF D	EATH	
DIRECTOR	Memorial Hospi	tal at	Easto	n	East	on			T	albo	t	
H	10e. STATE 10b. COUNTY				TOWN OR LO						10d. INSIDE CITY	1
	MD Queen	Anne		Ce	ntrevi	.lle					1 - YES 2 1	NO
FUNERAL	Rt.3 Box 111 Tilgh	man Neck	Road			10f. ZIP CODE 21617				S.A.	VHAT COUNTRY?	
5		WAS DECEDENT EX	VER IN U.S. ARME	0	13. WAS C	ECENDENT OF HISPA specify Cuben, Mexic	NIC ORIGIN	? (Specify Yes	or No-	14. RACE	- American Indi	en,
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				ES 2 X NO Speci		ncen, arc.)		Speci		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON pleter()			SUAL OCCUPA	TION most of working	16b.	. KINO OF BUS	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	life. Do	NOT use	retired.)							
M P	graduate		cera	mics	/porce	lain doll				f-em	ployed	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			,			
BE	Elwood Morris							Morri				
2	19a. INFORMANT'S NAME (Type/Print)					et end Number or Rural						
	Grayson Chance					1 Centre					_ :	
	1 XBuriel 2 Cremation 3 Removal	from State	20b. PLACE AND cemetery, cremat	ory or othe	er place)		DATI			City or To		
	4 Donation 8 Other (Specify)		Che	ster		Cemetery AND ADDRESS OF FA		Cen	trev	ille	, MD	
	14	8 11		7		gle-Helf		n Fune	ral	Home		
_	Meple (	- Me	w	50	P.O.	Box 160	Gree:	nsboro	, Ma	ry1a	nd 21639	9
	23. PART I. Enter the diseases, or comp shock, or heart failure. List	olicetions that ce only one cause	used the deeth on each line.	. Do no	t enter the r	node of dying, suc	ch as cerd	liac or reepi	ratory er	reet,	Approximately Ap	
	tMMEDIATE CAUSE (Fine)					0	P				Onset and	
	resulting in death)		my	Co	rdim	infavo	HW	7				
1		OUE TO (OR	AS A CONSEQUE	NCE OF):								
DICAL CERTIFICATION	Sequentielly list conditions, b	DUE TO (OR	AS A CONSEQUE	UCE OF								
Ę.	If any, leading to immediate cause. Enter UNDERLYING	002 10 (011	AS A CONSCOR	NOE OF J.								
H H	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF):								
	resulting in death) LAST											
2												
¥	PART ii. Other algnificant conditione co	ntributing to dea	ith but not reeu	ilting in	the underly	Ing ceuse given in	Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FI	
ă								1 TYES &	NO		OF DEATH?	CAUSE
Σ									•		1   YES 2	NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL											
<u>5</u>	EXAMINER?	SPITAL:	- 6		28. OTHER:	PLACE OF DEATH (C)	eck only on	e)				
<u>\$</u> ∥	1 YES 2. NO 1	Inpatient 20 ER				ome 5 Residence						
	1 Ratural 5 Pending	(Month, Day, Y		Bb. TIME	YF I	NJURY AT WORK?	28d. DEŞ	CRIBE HOW II	NJURY OC	CUREO		
à	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF IN	JUSY — At home	form str		YES 2 NO	201 1 000	T1011 (0)				
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, atc.	(Specify)	renn, an	set, rectory, or	iice		ATION (Street a or Town, State)	ind <i>Numb</i> e	r or Hurai H	loute Number,	
ן ב	29e. CERTIFIER CERTIFYING PHYSICIAN	To the best of my i	knowledge, death	occurred	at the time, de	te end place, end due	to the cau	se(s) and men	ner en ete	ted		
8	one) 2 MEDICAL EXAMINER: On										end menner es si	tated.
	296. SIGNATURE AND WILL OF CERTIFIER					29c. LICENSE NU					(Month, Day, Year)	
H H	1) VANLO	ano				1)3	1	21	DAIL DAI	7/	(2/5)	
٩	30. HAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE O	F DEATH (ITEM 27	) (Type, P	rint)	1 0)	d 17	> 6		11	ge j	
1	31. DATE FILED (Month, Day, Year)	2 9 (	JD Wo	VIV	Acs	e Oor	ses t	200	W	2	1165	X
	III 1 3 '02		SIGNATURE Worn-Rand									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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ASP	MS: 23 PART I,	27,28a,b,d,e	,f, PER M	E0 GH702 8	/11/93 t.t	0	2 22565
1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR		HEALTH AND		NE	3 22565
1. DECEDENT'S HAME (First, Middle, L					2. DATE OF OEATH	DAY YE	3. TIME OF OEATH
THEODORE	B RUCE	CR	IDDLE	07 18	3:23 P		
4. SOCIAL SECURITY HUMBER 223-44-6282		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign
	1 💢 M 2 🗌 F	53 YRS.	MONTHS DAYS	HOURS MIN.	Sept 5,	1939 W	est Virginia
90. FACILITY HAME (If not institution, g	ive street end number)			OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH
HAYDEN RD			HOLLY	MOOD		ST.N	MARYS
HAYDEN RD RESIDENCE OF DECEDENT 100. STATE 10b. COI Virginia		10e. CIT	Y, TOWN OR LOCA	TION			
Virginia			ctsmouth				10d. INSIDE CITY LIMITS?
10. STREET AND HUMBER 229 Mt. Vernon 11. Marital Status				f. ZIP CODE		I se amo	1 X YES 2 NO
229 Mt. Vernon	Avenue		10	23701			OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IH U.S. ARMEO	13 WAS DE		HIC ORIGIN? (Specify Ye	U.S	
. C Heart matting 7 Milliand	FORCES? 1 X	YES 2 HO	ir yes, sp	ecity Cuben, Mexic	en, Puerto Rican, etc.)	14.	RACE — American Indien, Black, White, etc.
			-	2 KNO Speci	the state of the s	, ,	Specify:
15. DECEDENT'S (Specify only highest g	rade completed)	16a. DECEDENT'S (Give kind of w	ork done during me		16b. KIND OF BU	ISIHESS/INDUST	RY
Elementary/Secondary (0-12) 12th Grade	Cellege (1-4 or 5+)		e Pilot		Marine	Transi	cortation
(Specify only highest grant (S		111100	O TILOC		AME (First, Middle, Maider		JOI CUCION
Osber C.		Criddle		Georgi		Pucke	ett
190 INFORMANT'S MAME (Ema/Bried)			ADDRESS (Small		Route Number, City or Tox		
Connie L. Purce	:11				lifornia,		
20a, METHOD OF DISPOSITION		20b. PLACE AND DATE O				OCATION — City	
1 Donation 5 Other (Specify)	emoval from State	cemetery, cremetory or oth	her plece)		/22/93 Cl		
21. SIGNATURIL OF FUNERAL SERVICE	LICENSEE A	Dec Grand	22. NAME A	NO ADDRESS OF FA	CILITY		
xn. 0 0:	ech 1.			-	rdiner Fur		
Truchaerg	Jarder	ier			Leonardto		
23. PART I. Enter the diseases, shock, or heert fellu	or complications that ca re. List only one cause o	used the deeth, Do non each line.	ot enter the mo	de of dying, suc	ch es cerdlec or resp	piratory errest,	Approximate Interval Between
IMMEDIATE CAUSE (Fine)							Onset and Death
disease or condition resulting in death)	MULTIPLE						
	DUE TO (OR	AS A CONSEQUENCE OF	):				
Sequentially list conditions,	b	AS A CONSEQUENCE OF	n.				
If any, leading to immediate cause. Enter UNDERLYING	OUL 10 (ON	AS A CONSEQUENCE OF	7.				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	c. DUE TO (OR	AS A CONSEQUENCE OF	):				
resulting in death) LAST							
	_ 6.						
PART ii. Other significant condi	tions contributing to dee	th but not resulting in	n the underlyin	g ceuse given in	Part I. 24s. WAS AI PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
<u> </u>					1 TYES	2   NO	COMPLETION OF CAUSE OF DEATH?
<u> </u>							1 TYES 2 THO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)		
1X YES 2 □ NO	1 - Inpatient 2 - ER/		OTHER: 4 Nursing Hon	e 5 🗆 Residence	6X Other (Specify) V	VOODS	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1X YES 2 NO  27. MANNER OF DEATH	26g. DATE OF IH.II	FOUND 266.UNK	IRV W	IDK?	PTLOT IN		E / LAND IMPA
1 Natural 5 Pending 2 Accident Investigation	on / 1 / 3	3146		YES XX NO	PILOT IN	V PLIAN	THAT CRASHED
	building, etc.	JURY — At home, ferm, a (Specify)	HARSH	AREA	281. LOCATION (Street	end Number or R	WARYLAND
4 Homicide determine	,	WOODE	ED AREA	<u></u>		RD/ST.	WOOD MARYLAND MARYS CO ME
29e. CERTIFIER 1 CERTIFYING PH	IYSICIAN: To the best of my i	knowledge, death occurre	d at the time, date	end place, and du	to the cause(e) and ma	enner as stated.	
29e. CERTIFIER (Check only one) XX MEDICAL EXAM	NINER: On the besis of examin	nation end/or investigation	n, in my opinion, o	leath occured at the	time, date end place, e	nd due to the ce	use(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERT	FIER 011	· · · · · · · · · · · · · · · · · · ·		29c. LICENSE NU			GNEO (Month, Day, Year)
	mes well			O.C.M.	E	▶07-3	19-1993
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (%ne	Print1				

111 Penn Street, Baltimore, Maryland

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)

JUL 2 9 1993

	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF	DEAT	H	MENIAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  JOAN *	DUNLEA	VVY						2. DATE OF	DEATH		993ª	3. TIME OF DEATH 3:20 P M
	578 62 9763	☐ M 2 🖔 F	i. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	MIN.	7. DATE OF (Month, L March	Day, Year)	1953	Country	PLACE (State or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give stree THE JOHNS HOPKI RESIDENCE OF DECEDENT		TAL				TMORE	ON OF DE	ATH		9c. COU	NTY OF DE	АТН
Di l	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
Ha	Virginia Fairf	ax		Spr	ingf	ield	1					ſ	LIMITS?
A P	10e. STREET AND NUMBER			DPI	11151	-	ZIP CODE				10g. CIT		1 YES 2 NO
FUNERAL	5512 Ivor Street						2151				USA		
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT I FORCES? 1 [ IF YES, GIVE WAF	YES 2 AN	IED O	H	yes, spe	ENDENT OF edity Cuber 2 X NO	F HISPAN 1, Mexicer Specify	IC ORIGIN? ( n, Puerto Rici	Specify Yearn, etc.)	or No—	14. RACE Black, Specify Whit	
ED	15. DECEDENT'S EDUCAT (Specify only highest grade col	TON	16a. DEC	EDENT'S	USUAL OC	CUPATIO	N .		16b, Ki	ND OF BU	SINESS/INI		е
COMPLETED		College (1-4 or 5+)	He. I	rari	,	unng mos	st of working	9	Tib	20 20 20 20 20 20 20 20 20 20 20 20 20 2	of (	Congr	
OM	17. FATHER'S NAME (First, Middle, Last)		LILO	Lall	all		18. MOTH	ER'S NAI	ME (First, Mid			Jongr	ess
BE C	Rodger Easton, Sr.								Coul		ourname,		
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a			loute Number,		n, State, Zij	p Code)	
2	John M.A. Dunleavy								field				2151
	20a. METHOD OF DISPOSITION 1	I down Conta	20b. PLACE AL	NDDATEC	F DISPOSI				DATE			City or Tow	
	4 Donation 5 Other (Specify)	i nom suite	Fairfa	etory or of	emori				7/20	Fai	rfax	. Vir	ginia
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	4 1 4			Dema		Fune	eral E	lomes	, Inc	с.	
_	1 emp n	ret	the			Alex	andr	ia,	Virgi	nia	223	14	
	23. PART I. Enter the diseases, Dr con shock, or heert fallure. Lis IMMEDIATE CAUSE (Fins)	t only one ceuse	eused the des on eech line.	th. Do n	Dt enter	the mo	de of dyli	ng, auch	n ss cardis	c or reep	iretory ar	rest,	Approximete interval Between Onset and Death
			O (OR AS A CONSEQUENCE OF):									2 WKS	
NOI	Sequentially list conditions, if any, leading to immediate	A CUTE DUE TO (0	MACLO	GE JENCE OF	GENOUS LEUKEMIA 6 MOS							6 mos	
S	CAUSE (Disease or injury	DUE TO (O	R AS A CONSEQU	IENOE OF									-
CERTIFICATION	that initiated events resulting in death) LAST			JENOE OF	,			-					
	PART ii. Other eignificent conditions of	contributing to de	eath but not re	euiting i	n the und	derlying	ceuse g	lven in l	Part I. 2	Ia. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									_   1	YES 2			COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME									-				1 - YES 2 NO
Ĭ	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Che	ck only one)				
) S		OSPITAL:	R/Outpatient 3	DOA	OTHER		5 🗆 Res	sidence	6 🗆 Other (S	Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIME	E OF	26c. INJU	JRY AT		28d. DESCR		NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF I	NJURY — At home: (Specify)	e, ferm, s	treet, fecto				281. LOCATI City or	ON (Street l	and Numbe	r or Rural Ro	oute Number,
<u>L</u>	00 00000000 2 /												
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:												and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	to M	A, MD				29c. LICE		BER		29d. DAT	_	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE		27) (Type,	Print)	ST 5.			102	B4-	MAM	7/16 E MC	10
	WILLIAM C. HUNTER				WFICE	-1 01	- 14	ned	100	UNUT	Troju	1111	41205
	JUL 23 1993 8	22. REDISTRARS	n-yanawa	9									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Item :

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marked,

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31. DATE FILEO (Month, Day, Year)

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93 22567 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DOLINS YEAR MILDRED 5:30 A 3 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign 1 M 2 F 053-80-1180 10-24-01 **NEW YORK** 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN HEBREW HOME OF GREATER WASHINGTON ROCKVILLE DIRECTOR MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND. MONTGOMERY ROCKVILLE XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6121 MONTROSE ROAD 20852 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DATES Specify: BY 1 TYES 2 NO 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MORRIS LEHMAN SARAH LAURA GOLDBERG BE 19s. INFORMANT'S NAME (SpecPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DOLINS (SON) 5802 NICHOLSON LANE #308, ROCKVILLE, MD 20852 20 METHOD OF DISPOSITION 3 20b. PLACE AND DATE OF DISPOSITION (Nama of OATE 20c. LOCATION -- City or Town, Stata 4 Donetion Other He KING DAVID MEMORIAL GARDEN 7-25 FALLS CHURCH, VA DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 23. PARTA. Enter the disabook, or he esea, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, it feliure. List only one ceuse on each line. Approximate Intervei Between IMMEDIATE CAUSE (File **Onset and Death** disease or condition ACUTE MYOCARDIAL INFARCTION POSSIBLE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significent conditions contributing to deeth but not reaulting in the underlying ceuae given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? DEMENTIA 1 YES 2XXNO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF OEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation BY 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcida 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) - Talewan

D36552

Pochville

M.D

Julia Davidson-Kandage

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30. NAME AND AGORESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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FUNERAL ( MPORTANT: If

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MD. 20852

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Pay, Year)

	1. DECEDENT'S NAME (First, Middle, Last)	_			7	. 1		2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH	
	TALMAG		<u>E.</u>		Doyle Sr.		Sr.	7	55	93	0542	
		5. SEX		s. last birthday)	MONTHS DAY		MIN.	7. DATE OF BI (Month, Day,	Year)	Coun	HPLACE (State or Foreign ntry)	
	213-24-1415  9e. FACILITY NAME (If not institution, give s		61	YRS.				07-25	5-1931			
10101111	PENINSULA REGIONA		L CENT	TER	96. CITY, TOW SAI	ISBURY		EATH	9c. C	WICO:		
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	1		10c. CIT	Y, TOWH OR LO	CATION					10d. INSIDE CITY	
	Maryland So	merset					Λ	_			LIMITS?	
	10e. STREET AND NUMBER	mc1366			LITII	CESS		е	10a. C	CITIZEN OF	WHAT COUNTRY?	
	30651 Antioch	Avenue				2.4	.0.5.0					
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	ARMED	13. WAS	ECENDENT O	853	IIC ORIGIN? (Sn	ecify Yes or No-		E — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES 2 NO			If yes	specify Cubs	, Puarto Rican, etc.) Bi			ick, White, etc.		
i	3 Widowed 4 Divorced				1 TES 2 AG Specify:						hite	
ď	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e	DECEDENT'S	USUAL OCCUP	TION	20	16b. KIND	OF BUSINESS/		1100	
	Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT us	e retired.)							
The second second	12			State	Empl	oyee		Sta	te of	e of Maryland		
	17. FATHER'S NAME (First, Middle, Last)							Maiden Surneme				
	Charlie Mil	yle			Bi	Pri	Price					
	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)											
	<u>Mrs. Catherine</u>	P. Doy		3065	1 Ant	ioch	Ave.	<u>.,</u> Pri	ncess	Ann	e. Md.	
	20e. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Ram	oval from State	camatani	CE AND DATE	OF DISPOSITION	(Name of		DATE	20c. LOCATION	— City or T	own, State	
	4 Donation 5 Other (Specify)		Bee	chwoo	<u>d Cem</u>	eterv		7/2	Pr.	Ann	e. Marvla	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRE	SS OF FAC	CILITY				
Ĵ	1 / Jan 2 11	-/	MO	0295				eral H	lome ld. 21	0.50		
٦	23. PART I Enter the diseeses, or	omplications the	t ceused the	deeth. Do r	ot enter the	node of dyl	ing, such	n an cardlec o	or respiratory	errest.	Approximate	
	shock, or heert fellure.  IMMEDIATE CAUSE (Finel	List only one cau	se on eech	line.						24 ( 2424 )	Interval Between Onset end Dea	
1		Sent.	i. 1	1001	Pail					distribution of the		
1	dise@6 or condition resulting in death)  a. Con us tive heart failure.  DUE TO (OB AS A CONSEQUENCE OF):									40.		
Į	C b											
1	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
	cause. Enter UNDERLYING CAUSE (Disease or Injury	L										
	that initiated events	DUE TO	(OR AS A CON	SEQUENCE OF	7):							
	resulting in death) LAST	i										
	PART II. Other significent condition	s contributing to	deeth but no	ot resulting	n the underly	ing ceuse o	olven in i	Part I. 24a	WAS AN AUTOPS	241	b. WERE AUTOPSY FINDING	
١	Renal	failer	<b></b>				,		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ı								-   10	YES 2 NO		OF DEATH?	
ı								- 1			1 TYES 2 NO	
ł	25. WAS CASE REFERRED TO MEDICAL				20	DI ACE OF D	FATN OL		-			
Н	EXAMINER?  1  YES 2 NO	HOSPITAL:	(======================================		OTHER:	PLACE OF D						
ı	27. MANNER OF DEATH	^		26b. TIM		ome 5   Ra	sidence (	6 Other (Spec	cify) E HOW INJURY (	200419519		
	1 Natural 5 Pending	1 Natural 5 Pending (Month, Day, Year)					I NO	200. DEŞCHIBI	E HOW INJURY (	CCGMED		
	2 Accident Investigation	26e. PLACE O	F INJURY — A	t home, ferm, a		YES 2	, NO	281 LOCATION	(Step of and Alum	has an Orient	Device Museline	
	2 Accident 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, attreet, factory, office 27 Suicide 8 Nomicide 9 City or Town, State 28f. LOCATION (Street and Number or Rural Route City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of my knowledge, dasth occurred at the time, data and pieca, and due to the cause(e) and manner as stated. 28 PLACE OF INJURY — At home, farm, attreet, factory, office 28 CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the beet of examination end/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the cause(e) and								or or nunei	rioute number,		

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hosp	tache		IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the above to the completely filled in by the funeral director, page 5 should be detached.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

	for STATE REGISTRAR	STATE OF MA			MENT OF		MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Las	et)				DUATTI	2. DATE OF	DEATH			TIME OF DEATH	
	William H. Dize						NTHOM V LUL	24	190	YEAR	5.45 A M	
	4. SOCIAL SECURITY NUMBER		in your set of the set					7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (St				
	218-16-7662  9. FACILITY NAME (If not institution, give	1X M 2 □ F	68	YRS.			06/25/25 Marylan					
N.						OR LOCATION OF D	EATH					
5		Deer's Head Center RESIDENCE OF DECEDENT 104. STATE 10b. COUNTY				hury			Wicomico			
DIRECTOR		Somerset		10c. CITY, TOWN OR LOCATION Crisfield							I. INSIDE CITY LIMITS?  YES 2 X NO	
₹ I	10e. STREET AND NUMBER				10	H. ZIP CODE	10g. CITIZEN OF WHA					
FUNERAL	4682 Jackson					21817	USA					
B∀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES								, Puerto Rican, etc.) Black, Wh			
ETED	15. DECEDENT'S EI (Specify only highest gra	DUCATION ide completed)	(Gr	ve kind of w	JSUAL OCCUPAT	ON ost of working	16b. K	IND OF BU	SINESS/INDU	STRY		
PLE	Elementary/Secondary (0-12) H.S. Graduate	ementary/Secondary (0-12) College (1-4 or 5+)				im. Do NOT use retired.) Waterman						
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mic	ldle, Maiden	Sumame)			
BE (	William W. Di:	ze			·		othy F					
임	Mary Frances	Dize (wife)	196			end Number or Rural 10 a b c			n, State, Zip C	Code)		
	20a. METHOD OF DISPOSITION 1	Burial 2 Cremetion 3 Removal from State				CEANDDATE OF DISPOSITION (Name of crematory or other place)  Yridge Memorial Park 7/27/93 Crisfield, N						
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Sunnyi	riage	22. NAME A	ND ADDRESS OF FA	CILITY				,	
	Raluss, Buther Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD								21817			
	23. PART I. Enter the diseases, o	r complications that ca	used the de	ath. Do no	ot anter the m	ode of dying, suc	h aa cardia	c or respi	ratory arres	st,	Approximate	
	shock, or heert fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final							Interval Between Onset and Death				
	disease or condition a. Cancer of the Lung  DUE TO (OR AS A CONSEQUENCE OF):							3_mos.				
Z												
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING											
FIC	CAUSE (Disease or injury that initiated events	c. DUE TO (OR	AS A CONSEQ	UENCE OF			·					
ERT	resulting in death) LAST	d								_		
AL C	PART II. Other significant conditi							RE AUTOPSY FINDINGS				
							_  ,	PERFOR		COI	ILABLE PRIOR TO IPPLETION OF CAUSE DEATH?	
MEDIC							_			1	YES 2 NO	
Ä	25. WAS CASE REFERRED TO MEDICAL	1			20.0	LOS OF DEATH OF						
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	VOutpatient 3		OTHER:	LACE OF DEATH (Ch		Speciful				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day, )	URY fear)	28b. TIME	OF 28c. IN	JURY AT ORK?			NJURY OCCU	RED		
BY	1 Natural 5 Pending 2 Accident Investigation	n			M 1 🗆	YES 2 NO						
TED	3 Suicide 8 Could not b 4 Homicide datermined	28e, PLACE OF IN building, etc.	(Specify)	ne, ferm, st	reet, factory, offi	če .	26f. LOCAT	ION (Street o Town, State)	and Number of	r Rurel Route	Number,	
COMPLETED	29e. CERTIFIER (Check only one) (Check o											
8	2 MEDICAL EXAMI	NER: On the baels of exami	Ination and/or is	nvestigation	, in my opinion,			nd place, an	d due to the	cause(e) and	f manner as stated,	
TO BE	296. SIGNATURE AND TITLE OF CERTIF	Pulan			LMD	29c. LICENSE NUI	MBER		29d. DATE :	Z4	193	
F	Dr. Virginia Du											
	Dr. Virginia Du 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	10; 5	a i i sbur	v. Maryl	and 21	802				
	JU 27 '93	Lulia Davido	on-Rand	200								
		U									DHMH-16 Rev 1/89	

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BALTIMORE, MARYLAND 21215-0020	24 Rours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit permit tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
	Virginia	a	Maxine	xine Dedman						July 24	<b>1</b> 99	YEAR	01:30 A: M	
		4. SOCIAL SECURITY NUMBER 5. 9			ast birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	IPLACE (State or Foreign	
-			1 🗆 M 2 🔀 F	76	YRS.				Feb. 9, 19	17 Arkansas				
~	9s. FACILITY NAME (If not institution, give street and number)						96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH							
DIRECTOR	Physicians	Memor	<u>ial Hosp</u> :	ital			La	Plata	a		Charles			
E					10c. CIT	ry, town	OR LOCAT	TION			10d, INSIDE CITY			
5	Maryland Charles				La	a Pl	ata				LIMITS?			
IAL	10e. STREET AND NUMBER					10f. ZIP CODE					10g. CIT	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	400 Aspen Court							206	46			U.S.A.		
ᆵ	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED NO	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE Black	— American Indian, k, White, atc.	
BY	3 Widowed 4 Divor	rced	IF YES, GIVE V	WAR OR DATES 21							"White			
COMPLETED		EDENT'S EDU		16e, D	ECEDENT'S	USUAL O	CCUPATIO	DN		16b. KIND OF BU	JSINESS/INDUSTRY			
91	Elementary/Secondary (0-		College (1-4 or 5		e. Do NOT u	Ne kind of work done during most of working  Do NOT use retired.)								
₩.	9			Ho	me M	<u>lake</u>	r			At Hom	e			
응	17. FATHER'S NAME (First, Mi									ME (First, Middle, Maiden				
BE	Clifford		<u>on Wilk</u>					Nor	a E	stelle L	acey			
٩	196. INFORMANT'S NAME (Type/Print)  Jerry Dedman				4 0 0	Asp	s (Street s en	Cour	or Flural F	La Plat	n, State, Zig a, Md	Code)	0646	
	20a. METHOD OF DISPOSITION Burial 2 Cremation	n 3 🗆 Rem	oval from State	20b. PLACE gemetery, cr							CATION —			
- 1	21. SIGNATURE OF FUNERAL		FNGEE	Lawr	ence	<u>Me</u>	mor:	ial	Cem	<u>.7/28/93</u>	<u>,Wal</u>	nut	Ridge, AR	
	Sec	Cho	L)	M0.0	174	A	REH	AT-E	CHO	LS FUNER. 7, LA PLA	AL H	OME	,INC.	
	23. PART I. Enter the dis	seasea, or o	complications that List only one cau	t ceused the d	eath. Do		the mo	de of dyi	ng, such	ea cardiec or reapi	ratory an	reat,	Approximete	
	IMMEDIATE CAUSE (Fine		Clet Only One Cau	ase on each lin		١	1 1		0				Onest and Death	
	immediate Cause (Final disease or condition resulting in death)  Oneet and Death  Oneet and Death													
	DUE TO (OR AS A CONSEQUENCE OF):													
NO NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):													
¥	cause. Enter UNDERLYING													
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	resulting in death) LAST		d						.,					
C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying couse given in Part i. 24s. WAS AN AUTOPSY FINDINGS													
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MEDICAL	Cherry	inic	1	()	I Acres	-	1	+1		1 □ YES 2	□ NO		OF DEATH?	
_	5.5		Diana	l		7		-	for	SESA			1 YES 2 NO	
<u> </u>	25. WAS CASE REFERRED OF EXAMINER?	MEDICAL		8.5			28. PL	ACE OF OE	EATH (Che	ck only one)				
PHYSICIAN:	1 TES 2 NO		HOSPITAL: 1 ☐ Inpatient 2 ☐	ER/Outpatient	3 🗆 DOA	4 Nur		e 5 🗆 Rei	sidence	8 Other (Specify)				
	27. MANNER OF DEATH  1 Natural 5 P	Pending	28a. OATE OF (Month, Da		28b. TIM	E OF IURY	28c. INJ WO	URY AT RK?		28d. OEŞCRIBE HOW II	JURY OCC	CURED		
à∥	2 Accident	nvestigation	20 50 405 0			М		/ES 2 [	NO					
E		Could not be letermined	building,	F INJURY — At he etc. (Specify)	ome, tarm,	street, fact	ory, office	•		28f. LOCATION (Street a City or Town, State)	nd Number	or Rural R	loute Number,	
۳	29a. CERTIFIER 1 CERTI	FYING PHYSI	CIAN: To the hest of	my knowledge d	anth occurr	ad at the t	lma deta	and also		to the cause(a) and man				
COMPLETED	one) 2 MEDIC	CAL EXAMINE	R: On the besia of as							time, data and place, an			) and manner as stated.	
H H	29b. SIGNATURE AND TITLE	OF CERTIFIER	1/	3 1				29c. LICE		BER	29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PEDGON WILL	75/	Joule	MI			υ_ ()]	1009			1-5	14-43	
	Henry L. Bu						6							
	31. DATE FILED (Month, Day, Y		32. REGISTRA	H S SIGNATURE			.0.	Box 5	591_	LaPlata, M	d_206	546		
	夏 26	<b>.</b> 33		Davidson	Pande	12								

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		the funeral director, page 5 should be detached for use as the burial-transit permit. Proce 1.4.8 showal.
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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	ise as the bu
AND 21	he hospital or	letached for I
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ALTIN	death. Pag-	e funeral dir II.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	SIAIE UF I	WARTLAND / DI CER	TIF	ICATE	OF	DEAT	H H	MENIA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		TEAR 3.	. TIME OF DEAT	Н
	Douglas		orth			val.			07	2	5 1993	3	2:45	A.
	4. SOCIAL SECURITY NUMBER 177-62-6593	5. SEX 1X□XM 2 □ F	6. AGE (In yrs. last bir	rthday)	IF UNDER 1	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month	OF BIRTH 1, Day, Year) -1966	6.	Country)	ACE (State or For	reign
	9a. FACILITY NAME (If not institution, give			YHS.	an CITY	TOWN O	R LOCATIO	11 OF D		<u>-1966</u>	9c, COUNT		AWARE	
Œ		,	- 1 1 0		90. GTT,				ATH				TH	
20	ROUTE 545 & I		riage			Ch	ilds				Ced	Cil		
DIRECTOR	10a. STATE PA 10b. COUNT	CHEST		10c. CITY, TOWN OR LOCATION WEST GF					T GR	OVE			Od. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 664 W. AVONDAL	LE-NEW Lor	NDON ROAD			101.	ZIP CODE		1939	90	10g. CITIZE	USA	AT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		0	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify: WHI I							White, atc.	in,	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grads Elementary/Secondary (0-12)		(Give k	kind of v	USUAL OC work done do se retired.)	luring mos	N st of working	9			CYCLE S			
BE CO	17. FATHER'S NAME (First, Middle, Last)	ROBERT	O. DUVALL				F	RAN	CES					
TO E	JANET MILLER D	DUVALL	19b. M				LE-NE				wn, State, Zip Co , W • GROV		PA 1939	0
	20a_METHOD OF DISPOSITION 1	206. PLACE AND commetery, cremeter FAGGS		OR CE	MET	ERY		7/2	28 Co	OCATION — CH CHRANV I	LLE	PA		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  FOULK & GOFUS FUNERAL HOME, INC.  200 ROSEHILL RD., W. GROVE, PA 19390													
CERTIFICATION	23. PART I. Enter the diseases, or complication that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									etween				
	DATE II Other pleuidleast condities	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS												
PHYSICIAN: MEDICAL	PART II. Other significant contains	na contributing to	death but nut resu	Jiting (	In the unc	derlying	i csuse g	liven in	Part I.		N AUTOPSY DRMED? 2 NO	CO	VERE AUTOPSY FILMALABLE PRIOR SOMPLETION OF COFF DEATH?	TO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	EATH (Ch	eck only on	(0)				
VSI	1 TYES 2 NO		☐ ER/Outpatient 3 ☐	DOA	OTHER 4 - Nursi		5 🗆 Re	sidenca	6 Othe	r (Specify)	Roadw	av		
	27. MANNER OF DEATH  1 Natural 5 Pending	EQUIQ	INJURY 28 Jay, Year)	8b. TIM	JURY .	28c. INJL WOI	RK?		-		INJURY OCCU	RED		,
B	2 Accident Investigation	0//25	/1993 1	Z . U		1 🗌 Y	X	NO	Br	läge			cycle,	/
0	3 Suicide 6 Could not be 4 Homicide determined	Duliding, etc. (Specify)							28f. LOC City	or Town, Stat				-71
9	29a. CERTIFIER			_	reet		-2.00				545 &		O Br	idge
COMPLETED	(Check only one)  2 MEDICAL EXAMIN		my knowledge, death										nd manner as si	tated.
BE	296. SJONATURE AND TITLE OF CERTIFIE	ER 1	111				29c. LICE	NSE NUI	IBER		29d. DATE S	IGNED (M	fonth, Day, Year)	
0	Monald & U	Might	IVID				0	C	M E		0.7	1/25	/1993	
	30. NAME AND ADDRESS OF PERSON WI DONALD G. WRIGH	HT MID	111 1	7) (Type, Don		tro	et,	Bal	time	ore,	Maryl	and	2120	0.1
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	00			- 6		100					

	7.	
200	directo	
	the funeral director,	
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	the attending physician and completely filled in by the	
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	physician	
	attending	
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	certificate has been signed by the	
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								9	3	22572
	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H			AL HYGIENI REG. NO.	_		
	1. OECEDENT'S NAME (First, Middle, Lest) Ruth	Ellen		Davis		2. DAT	TE OF DEATH	9	YEAR	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER  579-22-5751	5. SEX 8. AGI	E (In yrs. leat birthday)  70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HF	IN. (Mor	TE OF BIRTH onth, Day, Year)	3	B. BIRTHPL.	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	street and number)	70	9b. CITY, TOWN C	OR LOCATION O		12-2		Wash	ington,D
CTOR	BOWIE HEARTS CENTER BOWIE PRINCE OF									
DIRECTOR	10e. STATE 10b. COUNTY	' Prince Geo	Prince George's 10c. CITY, TOWN OR LOCATION  Greenbelt							d. INSIDE CITY UMITS? XYES 2 \( \) NO
FUNERAL	100. STREET AND NUMBER 54 (	Cresent Road	Apt B	101	, ZIP CODE		20770		EN OF WHA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE: IF YES, GIVE WAR OR	S 2 NO	II yes, spi	ecify Cuben, Ma	ISPANIC ORIG	GIN? (Specify Yea to Rican, atc.)		4. RACE — Black, W	American Indian, /hits, etc.
	15. DECEDENT'S EDUC	CATION	TAL OFCEDENT'S	USUAL OCCUPATION						hive
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done during mo- se retired.)	st of working		66. KIND OF BUS		STRY	
MO	Unknown Unknown Retired Draftsman Navy Lab.  17. FATNER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maidlen Sumarpe)									
BE C	Charles R. Walker Elanore E. Minder									
10	19a. INFORMANT'S NAME (Type/Print)  Angela Davis  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Sattle as 10 A-F									
	20e. METHOD OF DISPOSITION 1 General Buriel 2 Carcemetion 3 General 4 Donation 5 Gother (Specify)		ob. PLACE AND DATE of the desire the creme of the creme o	other place)	rma of	1	2	CATION — CH		stote
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	100 010		O ADDRESS OF	F FACILITY	xander	Fer	rv R	ryland
	MALLE	Tale		Cli	nton,	MD 2	20735	I CI.	Ту	.Uau
	23. PART i. Enter the diseeses, or o ehock, or heart failure.	complications that ceus	ed the deeth. Do r	not enter the mo	de of dying,	such es ce	rdiac or raspir	ratory erres	st,	Approximate Intervsi Batween
	IMMEDIATE CAUSE (Final									
	disease or condition resulting in death)  a. CANDIAL ANAHYTHMIA  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
O	Sequentially list conditions, fir any, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):									
CAT	Cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):						
CER	d									
AL.	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PREFORMED?  AMALABLE PRIOR TO									
PHYSICIAN: MEDICAL	TO YES 2 M NO COM								MPLETION OF CAUSE DEATN?	
W								•	1[	YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATN	N (Check only (	one)			
YSIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 EXER/Ou	stpetient 3 DOA	OTHER: 4 \( Nursing Nome	e 5 🗆 Residen	nce 8 🗆 Oth	her (Specify)			
ву РН	27. MANNER OF DEATN  1. Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	) INJ	JURY WO	URY AT RK? YES 2 NO		EȘCRIBE NOW IN	JURY OCCU	RED	
ETED 8	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, a pecify)	street, factory, office	1	281. LO	OCATION (Street as ty or Town, State)	nd Number or	Rural Route	Number,
COMPLE		ICIAN: To the best of my kno								d manner se stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		nuty lyea	Ra D	29c. LICENSE		T			onth, Day, Year)
TO B	Sandan All 30. NAME AND ADDRESS OF PERSON WING	O COMPLETED CAUSE OF I	EX am , n =	Print)				<b>&gt;</b>		

JUL 1 3 1993

32. REGISTRAR'S SIGNATURE Savidson-Randale

DHMN-16 Rev 1/89

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AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSTINAL OR ATTENDING PRESIGNS. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNETAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build-transit nermit. Page	e Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	EHAL DIRECTOR After this certificate has been signed by the attending physic	by Ted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
_	TO THE HO	四年日	by filed with

		FOR STATE REGISTRAR		STATE OF I	MARYL		DEPAR						IYGIEN REG. NO		3	22573
	- I	1. DECEDENT'S NAME (First, CLAUD INE	, Middle, Last)	DUNN								2. DATE OF MONTH			YEAR 93	3. TIME OF DEATN
		4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE	(In yrs. las	l birthday)	IF UNDER			R 24 HRS.	7. DATE OF I	BIRTN	9 19		PLACE (State or Foreign
	- 4	228-30-3535	etitution also e	1 M 2 F		65	YRS.		DAYS	HOURS	MIN.	March	20,1			ginia
	стов	PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY							EATN	EORGE <sup>†</sup> S						
	ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									II IXIII	ICL O	10d. INSIDE CITY			
	DIRE		Prince	Georges			Uppe	r Ma	rlbc	ro					]	LIMITS?
	FUNERAL	9115-61 Mar	1boro	Pike					101	207					S.A.	HAT COUNTRY?
	FUNE	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER I	N U.S. AR	MED	13.	WAS DEC	ENDENT	OF NISPAI	NIC ORIGIN? (S	pecify Yes		14. RACE	— American Indian, White, etc.
	BY	1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE V					1 TES				1, 110.)		Speci	
	ETED	(Specify only	EDENT'S EDU highest grade	completed)		16e. DE	CEDENT'S	USUAL O	CCUPATIO during mo	ON sl of work	ing	16b. KIN	ID OF BUS	SINESS/IND	DUSTRY	***************************************
at		Elementary/Secondary (0	1-12)	College (1-4 or 5	+)		lerk					U.S	G. Go	vern	ment	
at once.	COMPL	17. FATHER'S NAME (First, M. Claude A.										ME (First, Middle) Jacob		Sumame)		
notified a	3B C	19a. INFORMANT'S NAME (7)								nd Numbe	or or Rural	Route Number, (		n, State, Zip	Code)	
be no	5	Nancy Knott									wood	l, MD	2063			
must be		1/C/Buriel 2 ☐ Cremetio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem	oval from Sume	cen	netery_cre	melory or o	ther place)			7	0ATE 7/12/93		CATION —		
miner	1	IL SICHAPULE OF FUNERAL	L SERVICE LIC	ENSEE	. 1	,	,	22.	NAME AN	D ADDRE	SS OF FA	CILITMars	hall	's F	uner	al Home, Inc
cal exa	100	23. PART I. Enter the di	far	21 Le	16	all	7	43	08 S	uitl	Land	Rd. Su	iitla	and,	MD	20746
ent, the medi		ahock, or by IMMEDIATE CAUSE (Fin disease or condition resulting in death)	part fallure.	a. CA	20/	NO/		or-				h aa cardiec	or respi	ratory ari	rest,	Approximate Interval Between Onset and Death
Injury, or other traumatic event, the medical examiner	ERTIFICATION	Sequentially list condition of the sequential of the sequence	diate NG	DUE TO	(OR AS A	A CONSEC	DUENCE O	F):			-					
0 TO .	ERT	resulting in death) LAS		4												
au	EDICAL C	PART II. Other significan	CHI	e contributing to	death b	RUC EM	esuiting オルを	in the ur	Mon	CAUSO	given in	Part I. 24a	WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23 shows	≥		(D) VC	03/140	/1	Civ	7			~0		-				1 TES 2 NO
Item	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	MEOICAL	HOSPITAL:		4		OTHE	R:			eck only one)				
9	PHYS	27. MANNER OF DEATH		26e. DATE OF (Month, D	INJURY	patient 3	26b. TIM		28c. INJI WO	URY AT	esidence	6 Other (Sp 26d, DE\$CRII		NJURY OC	CURED	
marked.	BY	2 Accident	Pending investigation	26e. PLACE O		. As he		М	1 🗌 Y	'ES 2 [	NO					
1 28 is	ETED.		Could not be Setermined	building,	etc. (Spec	cify)	me, term, i	Rreet, lect	iory, office			261. LOCATIO City or To	N (Street e wn, State)	and Number	or Rural R	oute Number,
MPORTANT: II item 28	COMPLE			CIAN: To the best of R: On the beste of												end menner ee stated.
MPORT	TO BE	10 last	OF CERSON IES	Mus	In.	~				29c, LIC	ENSE NUN	93		29d. DAT	E SIGNED	(Morgh, Day, Year)
1		30. NAME AND ADDRESS OF MARK PAR	KHUR.	ST M.D.	73	ATH (ITE	127) (Type, 1391	Print) T. A	VE	COL	166	e par	K,	MA	. 2	0740
1		31. DATE FILED (Month, Day, )	4 199	32. REGISTINA	ia Da	Widsor	- Pano	lace								

2	1/		11 Short
	AND 21215-0020	hospital or attending physician.	stached for use as the burial-transit permit. Paperty

-			1. DECEDENT'S NAME (First	, Middle, Lest)								2. DATE	OF DEATH	Y .	YEAR	3. TIME OF DEATH
			Jonatha				Day					0		1	993	1445 M
1/1			4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las		IF UNDER	DAYS	HOURS	R 24 HRS.	(Mont	OF BIRTH		8. BIRTH Country	PLACE (State or Foreign
-			579 64 772		1 M 2 F	43	YRS.						22 50			HINGTON DC
	1	œ	9a. FACILITY NAME (If not in					9b. CITY,	TOWN	OR LOCAT	ION OF DI					EATH
THE RES		DIRECTOR	Prince Ge	POTGE	s Gener	al Hos	osp Cheverly							Prince Georges		
100		Ä.	10a. STATE	10b. COUNT				Y, TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?
6			MD	N	ONE		D	ISTRI	CT	HEIG	HTS					1X YES 2 □ NO
permit		¥	10e. STREET AND NUMBER					101. ZIP CODE 20747								HAT COUNTRY?
an.		FUNER	7211 MASON	STRE												STATES
215-0020 attending physician.		BY FU	1 Never Married 2 3 Widowed 4 X Divo	NT EVER IN U.S. AF I YES 2 Y MAR OR DATES	NO	11	yes, sp	ecify Cub		n, Puerto	N? (Specify Yea Rican, etc.)	or No-	BLACE	— American Indian, , Whita, atc.   		
215 attend				EDENT'S EDU		16a. DE	CEDENT'S	USUAL OC	CUPATION	ON		168	, KIND OF BUS	INESS/IND	USTRY	
21 21 or 10 for 10		COMPLET	Elementary/Secondary (C		College (1-4 or 5	A) life	. Do NOT u	work done d se retired.) IC (S				D)	1	PRIVA	TE	
2 2 5	once.	8	17. FATHER'S NAME (First, M	liddle, Last)					_	18. MO	THER'S NA	ME (First,	Middle, Maiden	Surname)		
7 8 8	10	ш	RAYMOND TH	IOMAS :	DAVIS SR					A	LINE	ELI	ZABETH	GOLI	EN	
MAR be retained le 5 should		10 B	19a. INFORMANT'S NAME (1 DOROTHY	DAVI	S	19		CONG					H DC	n, State, Zip 20032		
HORE 6 6 may rector, pag	6 may be ctor, page		20a. METHOD OF DISPOSIT  1   ↑ Burlal 2   Crematic  4   Donation 8   Other	on 3 🗆 Ren	noval from State			DATE OF DISPOSITION (Name of One of O								
TIM h. Page eral dire	i. examiner		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	0		22. I	LEX	ANDE	R S	POPE	FUNER	AL HO	ME-M	1859
BALT after death. In you the funeral	exa exa		Mey	Do	Vapa 1	tr.		2	617	PA	AVE	SE W.	ASH DC	20	020	
within hours	ont, the med		23. PART I. Enter the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):												Approximata Interval Batween Onset and Death	
OX 68 be execu	prior to burial,	RTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate	b	OR AS A CONSE	SEQUENCE OF):									
O. B. certificate ding phys	Hygiene p	RTIFIC	CAUSE (Disease or injuthat initiated events resulting in death) LAS		DUE TO	TO (OR AS A CONSEQUENCE OF):										
S	enta 7,	E E	PART II. Other algolitics	nt conditio	ne contribution to	death but not	regulting.	In the un	dodula		aluen la	David I	24a, WAS AN	ALITODON	100	WERE AUTOPSY FINDINGS
RECORI requires that if	We any in	: MEDICAL	Tall II. Other agrinice		The Continuent of the	July 100	i e surting	III (via dir	Jenyin	y cause	given in	Part I.	PERFOR		248.	WHILE AUTOPSY PINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The 1aw DIRECTOR: After this certificate has b	with the State Dept. of rked, or item 23 sho	SICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF	DEATH (Ch	neck only o	ne)			
VITAI	State Item	Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient :	DOA	OTHER	l:				er (Specify)			
OF V PHYSICIAL	d, o.	PHX	27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. Til	AE OF	28c. IN.	JURY AT			SCRIBE HOW II	NJURY OC	CUREO	
S PHY		BY P		Pending Investigation	07 11	1993	202	JURY 29 M	1 🗌	YES 2	NO N	Su	biect	sho	t	
NDING R. Afte	ir death		3 Suicide 8	Could not be	28a. PLACE (	OF INJURY — At he			ory, offic	ce		28f, LO	CATION (Street a or Town, State)			oute Number,
DIVISION OR ATTENDING F	hours after Item 28 i	ETE	Homicide	determined		Parkin	g 10	ot						th &	Ea	stern Ave
DI SPITAL OR ERAL DIR	Within 72 hours	COMPLI			ER: On the best of											and manner as stated.
TO THE HOSPITAL		BE O	296. STEMATURE AND TITLE	OF CENTIFIE	n / m	0. 11	1			29t. LIC	CENSIE NUI	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
6 6	M P	2	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAL	ISE OF DEATH ATE	N 277 / 3=	Deine)		0	.C.M	LE.		•	0.7	13 1993
2	-	)	J. Laron		MD.	111	Per	n St	tre	et.	Bal	tim	ore,	Marv	lan	d 21201
			31. DATE FILED (Month, Day,  JUL 1		32. REGISTA	AR'S SIGNATURE	- Rand	282								

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NE S	has b	Dept.	23 \$
The law	ate has b	tate Dept.	tem 23 s
IAN: The law	rtificate has b	he State Dept.	or item 23 sl
YSICIAN: The law	s certificate has b	th the State Dept.	d, or item 23 si
PHYSICIAN: The law	this certificate has b	with the State Dept.	arked, or item 23 si
ING PHYSICIAN: The law	After this certificate has b	death with the State Dept.	marked, or item 23 s
ENDING PHYSICIAN: The law	OR: After this certificate has b	ter death with the State Dept.	8 is marked, or item 23 si
ATTENDING PHYSICIAN: The law	ECTOR: After this certificate has b	s after death with the State Dept.	n 28 is marked, or item 23 si
OR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has b	hours after death with the State Dept.	item 28 is marked, or item 23 si
TAL OR ATTENDING PHYSICIAN: The law	VAL DIRECTOR: After this certificate has b	72 hours after death with the State Dept.	if item 28 is marked, or item 23 si
SPITAL OR ATTENDING PHYSICIAN; The law	INERAL DIRECTOR: After this certificate has b	thin 72 hours after death with the State Dept.	NT: if item 28 is marked, or item 23 si
HOSPITAL OR ATTENDING PHYSICIAN: The law	FUNERAL DIRECTOR: After this certificate has b	within 72 hours after death with the State Dept.	RTANT: If item 28 is marked, or item 23 si
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND / DEPARTMENT OF HEALTH	AND MENTAL HYGIENE
	CERTIFICATE OF DEAT	TH REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			ENTAL HYGIEN		
	1. DECEOENT'S NAME (First, Middle, Last)	Dillor	<b>S</b>			2. DATE OF OEATH MONTH		3. TIME OF DEATH 3 7 25 A M
	300-22-4901	1 - M 2 1 F 9	4 YRS. MON	THE DAYS HO	UNDER 24 HRS.	7. DATE OF BIRTH (Morith, Day, Year)		SIRTHPLACE (State or Foreign Country) LRC/AND
TOR	99. FACILITY NAME (If not institution, give s  CHERRY WOOD  RESIDENCE OF DECEDENT		96.	PEISTE	RS to	WN	9c. COUNTY	of DEATH
DIRECTOR	10e. STATE 10b. COUNT	y Baltimore		eisters	town			10d. INSIDE CITY LIMITS? 1 X YES 2 \( \text{NO}\) NO
FUNERAL	12020 Reiste:	rstown Rd.		10f. ZIP	21136		10g. CITIZEN	OF WHAT COUNTRY?
B₹	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, specify		C ORIGIN? (Specify Ye , Puerto Rican, etc.)	e or No 14.	RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use ret	done during most of lired.)	working	16b. KIND OF BU	ISINESS/INDUST	RY
M	17. FATHER'S NAME (First, Middle, Last)		Homema		MOTHER'S NAM	n/6.  IE (First, Middle, Melder	Company	
		Sullivan		10	Marga		Me Gi	20 + h
BE	19e. INFORMANT'S NAME (Type/Print)	Julii Vali	19b. MAILING ADD	DRESS (Street and A		oute Number, City or To		
2	Cloetta Noff:	singer						. MD 21157
	20e METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b. F	PLACE OF DISPOSITION PROPERTY PLACE OF PARK	N (Nama of cemeter	ry, crematory or	20c. L	OCATION - City	
	21. SIGNATURE OF FUNERAL SERVICE LI		02 2 02 1	22 NAME AND A	DDRESS OF FAC	ral Hom	2 OHITHE	oct in
	Robert V	Dritta C	n	Pritt	s Fune	ral Hom	e & Ch	napel minster, MD
- 1	23. PART I. Enter the disesses, or							
	shock, or hasrt failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. DUE TO (OR AS A C	browen	la a	end	~ <del>1</del>		interval Between Onset and Death
NO	Sequentially list conditions,	b						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS A C	CONSEQUENCE OF):					
ERT	resulting in death) LAST	d						
MEDICAL	PART II. Other significant condition	ns contributing to death but	t not resulting in ti	ha underlying co	suse given in F		RMED?	24b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACI	E OF DEATH (Che	ck only one)		
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpat		THEB		B Other (Specify)		
HX	27. MANNER OF DEATH	28a. OATE OF INJURY	28b. TIME O	F 28c. INJURY	AT	28d. DESCRIBE HOW	INJURY OCCUP	ED
	1 Natural 5 Pending	(Month, Day, Year)	NAUCHI		2 NO			
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specif)	- At home, farm, stree	et, factory, office		28f. LOCATION (Stree City or Town, State	t end Number or	Rural Route Number,
COMPLETED	anal and	SICIAN: To the best of my knowle ER: On the basic of examination						
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R Scendl	np	25	C. LICENSE NUM	304	29d. DATE S	IGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prin		inn	MB	2/13	6
	31. DATE FILEO (Morith, Dey, Year)	32. REGISTRAR'S SIGNAT		Andelle			- 1 7 3	Y

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THE RESIDENCE TO SERVICE STATES

The product will be an Miller of the first the

	1	STATE     REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			CATE OF	DEATH	REG 2. DATE OF DEA	NO.	3. TIME OF DEATH
		PHYLLS	DOLLAN				7	18 0	3 1529 "
D		187-30-7179	1   M 2   SF   8	(In yrs. last birthday)  PO YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	03	BIRTHPLACE (State or Foreign Country)
	TOR	9a. FACILITY NAME (If not institution, give stre	net and number)		9b. CITY, TOWN	NAPOL	EATH S	9c. COUNT	OF DEATH
	DIRECTOR	10a. STATE 10b. COUNTY	AA	19c. CITY	TOWN OR LOCAL	NO LD	)		10d. INSIDE CITY LIMITS? 1 TYES 2 TOO
transit permit.	FUNERAL	Chesapeate	- MANO.			ZIP CODE	12		N OF WHAT COUNTRY?
the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPAN ecity Cubers, Mexica 2 NO Specify	n, Puerto Rican, et		I. RACE — American Indian, Black, White, etc. Specify:
d for use as	LETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during me		16b, KIND O	F BUSINESS/INDUS	втяу
be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	Nelson	100	100 /100	18. MOTHER'S NA	. /	eiden Sumame)	
5 should notified	) BE	19a. INFORMANT'S NAME (Type/Print)	1	19b, MAILING	ADDRESS (Street a	and Number, or Rural I	Route Number, City of	or Jowyn, State, Zip C	ode) , O /- 1-
page 5 s	5	Shirleyan Nov	rak	22	Caso	ode	Roas	LAri	10 K/MD 2013
Sirector, pa r must b		20e. METHOD OF DISPOSITION  1  Burlet 2  Cremation 3  Remove  4  Donation 5  Other (Specify)	ral from State can	D. PLACE AND DATE O	her place)	7-17	93 (	c LOCATION — CH	y or Town, State
the funeral director, wal.		21, SIGNATUME OF FUNERIAL SERVICE LICE	NSEE	V		ND ADDRESS OF FA		PK mi	021146
remation, or remover, the medical		23. PART I. Enter the diseases, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	_Cade	A CONSEQUENCE OF	utu	y col	has cardiac or	respiratory arres	t, Approximate Interval Between Onset and Death
physician and ne prior to bur ner traumation	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltated events.		CONSEQUENCE OF	):	ulpro	CUX	,	
end F	ш	resulting in death) LAST							
by the and Me y Injur	DICAL C	PART II. Other significant conditions	contributing to death b	out not resulting in	n the underlyin	g cause given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
has been signed Dept. of Health 1 23 shows an	ME								1 YES 2 NO
State De	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YOU	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
this certi with the rked, or	РНУ	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b, TIME	OF 28c. INJ	URY AT DRK?		OW INJURY OCCU	RED
4 0 M	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, st			281. LOCATION (S City or Town,		Rural Route Number,
10-	COMPLET		AN: To the best of my know						cause(a) and manner as stated,
TO THE FUNERS be filed within 7 IMPORTANT: 1	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	leva			D 33	988	29d. DATES	HED (North, Day, Year)
	F	30. NAME AND ADDRESS OF PERSON WHO  OHORA, M	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print) FAW	icy P	ractic	e, m	021012
		JUL 2 2 1993 Ju	32. REGISTRAR'S SIGN he Deurdsor- No						
									DHMH-16 Rev 1/89

REGISTRAR			C.P			OF DE			REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)				IOAIL	OI DE	AIII	2 DAT	E OF DEATH			3. TIME OF DEATH
,	ohn	Wesley	7 D:	rono	bur	g J <sub>1</sub>		Jun	TH DA	. 19	YEAR	
4. SOCIAL SECURITY NUMB			B. AGE (In yrs. las		IF UNDER		DER 24 HRS.	_	E OF BIRTH			3:20 p M PLACE (State or Foreign
217-18-8556		1 ☑ M 2 ☐ F	72	YRS.	MONTHS	DAYS HOUR	-	Turn	26, 19	21	Country	yland
9a. FACILITY NAME (If not ins		net and number)			9h CITY	TOWN OR LOC	ATION OF S		20, 17	9c. COUN		
Meridian Nu						Freder		EATH				erick
RESIDENCE OF DEC		OCITECE				rreder	LCK	_		Р	rede	ELICK
10a. STATE	10b. COUNTY			10c. CIT		R LOCATION						10d. INSIDE CITY
Maryland	Fred	erick			Fred	erick						LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER						101. ZIP C	DOE			10g. CITIZ	EN OF W	THAT COUNTRY?
430 Logan S	treet					2	1701				U.S.	Α.
11. MARITAL STATUS		12. WAS DECEDENT			13.	MAS DECENDEN	T OF HISPA	NIC ORIG	IN? (Specify Yes		14. RACE	- American Indian.
1 Never Married 2 X	Test to the second	FORCES? 1 [		Ю		YES 2 X			Rican, etc.)	- 1	Specif	White, etc.
												White
15. DECI (Specify only	EDENT'S EDUC highest grade of	ATION completed)	16a, DE	CEDENT'S	USUAL OC	CCUPATION furing most of we	rking	16	ib. KIND OF BUS	INESS/INDO	USTRY	
Elementary/Secondary (0-	-12)	College (1-4 or 5+)										
12			Mas	sonar	.у				Consti		on	
17. FATHER'S NAME (First, Mi		D 1							Middle, Maiden		1	
John Wes.		Dronebur					narlo		·		ckma	in
19a. INFORMANT'S NAME (7)		1							mber, City or Town		,	4.704
Mrs. Irene		neburg					t, Fr	eder	ick, Ma	aryla	nd 2	21/01
20a. METHOD OF DISPOSITION  1 M Burial 2 Cremation	n 3 🗆 Remo	val from State	cometent cre	metany or o	that place!	TION (Name of		1		CATION — C		
4 Donation 5 Other			Mount	Oli	vet (	Cemeter	y 7/	12/19:	3 Fre	deric	ck, l	Maryland
21. SIGNATURE OF FUNERAL	L SERVICE LICE	INSEE			Ke.	enev &	Basi	ord	PA Fune	eral	Home	
Kett h	men	Kobers	Len MC	00706	10	6 East	Chur	ch S	t. Fre	ederi	ck.	MD 21701
23. PART i. Enter the di	seases, or co	omplications that										Approximate
snock, or he	eart fallure. L	ist only one cause	on each line						•		1011	Interval Between
iMMEDIATE CAUSE (Findisease or condition												
resulting in death)	_	C	Li	/	A	G	0					Onset and Death
- Calling - Control - Control	<b>→</b> .	CONGE	STIFE OR AS A CONSECUTION	EA.	k7	FAILU	٤٤	_				
	<b>+</b> .	CUNGE DUE TO CO	STIFE OR AS A CONSECUTION	EA SUENCE OF	k7 n:	FAILU.	ee accud	in ,	discoss		_	
Sequentially list conditi		DUE TO (O	OR AS A CONSECUTION AS	LA TIC	k7 F): ('A	FAILU.	le: nscul	an o	disease	-		
if any, leading to immed cause. Enter UNDERLYII	diate NG	DUE TO CO	STATE  OR AS A CONSECUTION  OR AS A CONSECUTION  OF	SUENCE OF	k7 Pi: ('A	FAILU.	ee nscul	an e	disesse			
If any, leading to immed	diate NG	OUE TO (C	OR AS A CONSECUTION AS	NUENCE O	F):	FAILU.	rscul	an o	disesse			
if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injur	diate NG ry c.	OUE TO (C	OR AS A CONSEC	NUENCE O	F):	FAILU.	re: nscul		disesse	-		
if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in death) LAST	diate NG ry C.	DUE TO (O	OR AS A CONSEC	PUENCE OF	F): F):							Onset and Death
If any, leading to immediate. Enter UNDERLYIII CAUSE (Disease or injuithat initiated events resulting in death) LAST	diate NG c.	DUE TO (C	OR AS A CONSEC	PUENCE OF	F): F):				CISEASE  24a. WAS AN	AUTOPSY	24b.	Onset and Death  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
If any, leading to immedicause. Enter UNDERLY/III CAUSE (Disease or injust that initiated events resulting in death) LAST	onditions	DUE TO (C	OR AS A CONSEC	PUENCE OF	F): F):				24a. WAS AN	AUTOPSY MED?	24b.	Onset and Death
If any, leading to immedicause. Enter UNDERLY/III CAUSE (Disease or injust that initiated events resulting in death) LAST	diate NG c.	DUE TO (C	OR AS A CONSEC	PUENCE OF	F): F):				24e. WAS AN	AUTOPSY MED?	24b.	Onset and Death  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO AUSE
If any, leading to immedicause. Enter UNDERLY/III CAUSE (Disease or injust that initiated events resulting in death) LAST	onditions	DUE TO (C	OR AS A CONSEC	PUENCE OF	F): F):				24e. WAS AN	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immedicause. Enter UNDERLY/III CAUSE (Disease or injust that initiated events resulting in death) LAST	nt conditions FAILU  MEOICAL  D MEOICAL	DUE TO (CO	OR AS A CONSEC	PUENCE OF	F):	derlying cause	e given in	Part i.	24a. WAS AN PERFOR 1  YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immedicause. Enter UNDERLYIII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other signification of the control of the	ont conditions  Falou  OMEDICAL	DUE TO (C	OR AS A CONSECUENT OF THE PROPERTY OF THE PROP	DUENCE OF	in the un	derlying cause	e given in	Part I.	24a. WAS AN . PERFOR  1  YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other significate of the control of the contr	o Dys IL	DUE TO (CO	OR AS A CONSECTION OF THE PROPERTY OF THE PROP	DUENCE OF DOAL 28b. TIM	other f):	26. PLACE O	e given in	Part I.	24a. WAS AN . PERFOR  1  YES 2	AUTOPSY MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other significates the cause of the cause	ont conditions  Falou  OMEDICAL	DUE TO (C)  Contributing to d  LE  AJIA  HOSPITAL:    Impetient 2   E	OR AS A CONSECTION OF THE PROPERTY OF THE PROP	DUENCE OF DOAL 28b. TIM	in the un  OTHER 4 ⊠™un	derlying cause 26. PLACE O	e given in	Part I.	24a. WAS AN PERFORI 1 YES 2	AUTOPSY MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immedicause. Enter UNDERLYIII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other significant of the control of the co	ont conditions  FAILU  MEOICAL  Pending  resettgetion  Could not be	DUE TO (C)  DUE TO (C)  Contributing to d  LE  AJ 14  HOSPITAL:  1 Inpetient 2 0 6  28a. DATE OF IN (Month, Day,	PR AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	DOA 28b. TIM	OTHER 4 Prior	26. PLACE O i: ing Home 5  28c. MJURY AI WORK? 1 YES	e given in	heck only of 28d. DE	24a. WAS AN PERFORM  1 YES 2  One)  Or (Specify)  SCRIBE HOW IN	AUTOPSY MED?	URED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immedicause. Enter UNDERLYIII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other significant of the control of the co	ont conditions  FALLU  MEDICAL  Pending meetigation	DUE TO (C)  Contributing to d  LE  AJIA  HOSPITAL: 1   Inpetient 2   6  28a. DATE OF IN (Month, Day,	PR AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	DOA 28b. TIM	OTHER 4 Prior	26. PLACE O i: ing Home 5  28c. MJURY AI WORK? 1 YES	e given in	heck only of 28d. DE	24a. WAS AN PERFORM 1 YES 2  Done)  Der (Specify)  SSCRIBE HOW IN	AUTOPSY MED?	URED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other significant of the control of the cause of the ca	ont conditions  Falu  MEDICAL  Pending  restigation  Could not be determined	DUE TO (C)  Contributing to d  LE  AS 14  HOSPITAL: 1   Inpetient 2   E  28a. DATE OF IN (Month, Day, 28a. PLACE OF building, et	PR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECT	DOA 28b. TIM	OTHER 4 More	26. PLACE O  1: Ing Home 5   28c. INJURY AI WORK?  1 YES  xry, office	e given in	B Oth	24a. WAS AN PERFORI 1 YES 2  Iner (Specify) ESCRIBE HOW IN  CATION (Street a y or Town, State)	AUTOPSY MED?  LIVE OCC	URED or Aural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other significant of the cause of the caus	ont conditions  FAILU  MEDICAL  Pending revestigation  Could not be determined	DUE TO (C)  Contributing to d  LE  AJIA  HOSPITAL:    Inpetient 2   6  28e. DATE OF IN (Month, Day, 28e. PLACE OF building, et	PR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECT	DOA 28b. TIM INJ	OTHER 4 Printed Heret, factor	26. PLACE O i: Ing Home 5  28c. INJURY AI WORK? 1 YES ary, office	E DEATH (C/C) Residence	s Part i.  6 Oth 28d. DE 26f. LO	24a. WAS AN PERFORE 1 YES 2  Iner (Specify) ESCRIBE HOW IN  CATION (Street as y or Town, State)	AUTOPSY MED?  AUTOPSY MED.  AU	URED  or Rural Ru	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other significant of the cause of the caus	ont conditions  FALL  MEORCAL  Pending Investigation  Could not be determined  IFYING PHYSIC  CAL EXAMINER	DUE TO (C)  Contributing to d  LE  AJIA  HOSPITAL:    Inpetient 2   6  28e. DATE OF IN (Month, Day, 28e. PLACE OF building, et	PR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECT	DOA 28b. TIM INJ	OTHER 4 Printed Heret, factor	26. PLACE O	e given in	Part i.  Beck only c  G Oth  28d. DE	24a. WAS AN PERFORE 1 YES 2  Iner (Specify) ESCRIBE HOW IN  CATION (Street as y or Town, State)	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	URED  or Aural Al	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST  PART II. Other significates the control of the cause of the ca	ont conditions  FALL  MEORCAL  Pending Investigation  Could not be determined  IFYING PHYSIC  CAL EXAMINER	DUE TO (C)  Contributing to d  LE  AJIA  HOSPITAL:    Inpetient 2   6  28e. DATE OF IN (Month, Day, 28e. PLACE OF building, et	PR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECT	DOA 28b. TIM INJ	OTHER 4 Printed Heret, factor	26. PLACE O	e given in	Part I.  Beck only c  G Oth  28d. DE  26f. LO  Ch  b to the ci  time, dat	24a. WAS AN PERFORE 1 YES 2  Iner (Specify) ESCRIBE HOW IN  CATION (Street as y or Town, State)	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MODERATE  AU	URED or Rural Ri d, o cause(a)	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other significates the control of the c	ont conditions  FALL  MEORAL  Pending  meetigation  Could not be betermined  IFYING PHYSIC  CAL EXAMINER  OF/CERTIFIER	DUE TO (C)  Contributing to d  LE  AJIA  HOSPITAL:    Impetient 2   E  28a. DATE OF IN (Month, Day, 28b. PLACE OF In the best of m : On the best of axai	PR AS A CONSECTION AS A CONSEC	DOA 26b. TIM INJ	OTHER  OTHER  OTHER  FOR  UNY  M  Street, factor  at the ti  n, in my on	26. PLACE O	e given in	Part I.  Beck only c  G Oth  28d. DE  26f. LO  Ch  b to the ci  time, dat	24a. WAS AN PERFORE 1 YES 2  Iner (Specify) ESCRIBE HOW IN  CATION (Street as y or Town, State)	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MODERATE  AU	URED or Rural Ri d, o cause(a)	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate acuse. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other significant of the control of the	mit conditions  FAILU  MEDICAL  Pending  restigation  Could not be determined  IFYING PHYSIC  CAL EXAMINER  OF/CERTIFIER  PERSON WHO	DUE TO (C)  DUE TO (C)  Contributing to d  LE  AS 19  HOSPITAL: 1   Inpatient 2   E  26a. DATE OF IN (Month, Day, 26a. PLACE OF building, et  IAN: To the best of m Con the basis of axai	PR AS A CONSECTION OF DEATH (ITEM	DOA 28b. TIME in order in occurrence of the occu	OTHER 4 More and at the time, in my of	26. PLACE O  1: Ing Home 5  28c. INJURY AI WORK?  1 YES  28c. y, office  28c. injury Ai work and pinion, death or	e given in  F DEATH (C/ Residence  I NO  INO  INO  INO  INO  INO  INO  IN	B Oth 28d. DE 261. LO C/h	24a. WAS AN PERFORM 1 YES 2  one (Specify) ESCRIBE HOW IN  CATION (Street as y or Town, State)  susse(s) and man	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY OCCI  AND MED?  AUTOPSY  AUTOP	URED  or Rural Ri d. couse(a) SIGNED	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,  and menner as stated.  (Month, Day, Year)  30, 1993
If any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other significate cause in the cause of th	mit conditions  FAILU  MEDICAL  Pending meetigation Could not be determined  IFYING PHYSIC CAL EXAMINER  OF/CERTIFIER  PERSON WHO  Mith,	DUE TO (C)  DUE TO (C)  Contributing to d  LE  AS 19  HOSPITAL: 1   Inpatient 2   E  26a. DATE OF IN (Month, Day, 26a. PLACE OF building, et  IAN: To the best of m Con the basis of axai	eath but not n  ER/Outpatient 3  JUJIFY Year)  INJURY — At hore. (Specify)  OF OEATH (ITEM 300 Wes	DOA 28b. TIME in order in occurrence of the occu	OTHER 4 More and at the time, in my of	26. PLACE O  1: Ing Home 5  28c. INJURY AI WORK?  1 YES  28c. y, office  28c. injury Ai work and pinion, death or	e given in  F DEATH (C/ Residence  I NO  INO  INO  INO  INO  INO  INO  IN	B Oth 28d. DE 261. LO C/h	24a. WAS AN PERFORM 1 YES 2  one (Specify) ESCRIBE HOW IN  CATION (Street as y or Town, State)  susse(s) and man	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY OCCI  AND MED?  AUTOPSY  AUTOP	URED  or Rural Ri d. couse(a) SIGNED	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,  and menner as stated.  (Month, Day, Year)  30, 1993
If any, leading to immediate acuse. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST  PART II. Other significant of the control of the	mit conditions  FAILU  MEDICAL  Pending meetigation Could not be determined  IFYING PHYSIC CAL EXAMINER  OF/CERTIFIER  PERSON WHO  Mith,	DUE TO (C)  DUE TO (C)  Contributing to d  LE.  AJ 14  HOSPITAL: 1   Inpetient 2   6  28a. DATE OF IN (Month, Day.  28a. PLACE OF building, et  IAN: To the best of m : On the bests of axas  COMPLETED CAUSE  Jr , M.D.,  32 REGISTRAR*	eath but not n  ER/Outpatient 3  JUJIFY Year)  INJURY — At hore. (Specify)  OF OEATH (ITEM 300 Wes	DOA 28b. TIM INJ	OTHER 4 More and at the time, in my of	26. PLACE O  1: Ing Home 5  28c. INJURY AI WORK?  1 YES  28c. y, office  28c. injury Ai work and pinion, death or	e given in  F DEATH (C/ Residence  I NO  INO  INO  INO  INO  INO  INO  IN	B Oth 28d. DE 261. LO C/h	24a. WAS AN PERFORM 1 YES 2  one (Specify) ESCRIBE HOW IN  CATION (Street as y or Town, State)  susse(s) and man	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY OCCI  AND MED?  AUTOPSY  AUTOP	URED  or Rural Ri d. couse(a) SIGNED	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,  and menner as stated.  (Month, Day, Year)  30, 1993

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF I	MARYLAI				IEALTH AND DEATH	MEN	NTAL HYGIEN	_	93	22578
1. DECEDENT'S NAME (First		UNRUH DUH	ADAWA	Y					DATE OF OEATH		YEAR	3. TIME OF DEATH 5:20 P
							IF UNDER 24 HRS. HOURS MIN.	7. [	DATE OF BIRTH (Month, Day, Year)		Counti	
9a. FACILITY NAME (If not institution, give street and number)  Morgnec Village Apt 7-A  Chestertown, N									9c. COL	NTY OF D Kent		
RESIDENCE OF DECEDENT												
MD Vant Chartertarn								10d. INSIDE CITY LIMITS?  TY YES 2 NO				
10s. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY												
Morgnec Village, Apt 7-A 21620 USA  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Vac or No.) 14. BACE - American Indian												
11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. Wildowed 4 Divorced  14. RACE — American Indian, Black, White, etc.  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Mexican, Puerto Rican, etc.)  16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify: White, etc.)  17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify: White, etc.)  18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify: White, etc.)								thv:				
15, DEC (Specify on	EDENT'S EDU	CATION completed)	1	6a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OC	CUPATION INCOME	ON ost of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (		College (1-4 or 5		Homema					Hon			
17. FATHER'S NAME (Flist, M Howard I		ау						-	rouch F		wav	
Mary U.	Type/Print)				er,				Number, City or Town			
20a. METHOD OF DISPOSIT	ION on 3 🗆 Rem			LACE ANO DATE	OFDISPOS					CATION -	City or To	wn, State
4 Donation 5 Other (Specify) Chester Cemetery 7/18/9B Chestertown, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY.								town, MD				
Har	18	tell	0215						Funera Chester			21620
23. PART I. Enter the shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme	lons,	aDUE TO	he Si	ha deeth. Do h line.  S ONSEQUENCE O	PF):	tha mo	da of dying, su	ch as	cardlec or respi	ratory ar	reet,	Approximete interval Between Onset and Daeth
cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	ING Iry	d		ONSEQUENCE O								
PART II. Other significant	1 0	infaret	deeth but	,	in the un	derlyin	g ceuse given i	Part	i. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	i:	ACE OF DEATH (C					
1  YES 2  NO  27. MANNER OF DEATH  1 Netural 5	Pending	1 ☐ Inpatient 2 ☐  28e. DATE OF  (Month, D	INJURY	28b. TIN		26c. INJ WC	PURY AT DRK?	_	Other (Specify)  . DESCRIBE HOW II	UURY OC	CURED	
	Could not be determined	28e. PLACE O building,	F INJURY — etc. (Specify,	At home, term,	street, facto			26t.	LOCATION (Street e City or Town, State)	nd Numbe	r or Rural F	Route Number,
		CIAN: To the best of										) end manner es stated.
296. SIGNATURE AND TITLE					, at my of	printeri, C	29c. LICENSE NU					(Month, Day, Year)
			Lug				033			D. LIAI		16-93
30. NAME AND ADDRESS O						CI	202+22+		n MD	216	20	
Michael 31. DATE FILED (Month, Day,		32. BEGISTRA			rag,	CI	restert	. U W	n, nd	210	20	
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	1 - STATE REGISTRAR	STATE OF N		) / DEPAR CERTIF					MENTAL	HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last) JOHN JOSH	HUA			D]	ICKEF	RSON		2. DATE	19,	<b>*</b> 199:	3 YEAR	3. TIME OF DEATH 4:35 P M
	278-14-3686	5. SEX 1 <b>X</b> M 2 $\square$ F	6. AGE (In yrs	last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE (Month)	Day Year)	1917	e. BIRTHP Country)	PA.
FUNERAL DIRECTOR	99. FACILITY NAME (If not institution, give stree PHYSICIANS MEMORIA		TAL			, town of PLATA		ON OF DE	EATH			NTY OF DE	ATH
EC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			10c, CIT	Y. TOWN C	OR LOCATIO	ON						10d. INSIDE CITY
DIR	MARYLAND ST. M/	ARY'S		CHA	RI OTT	TE HA	NI I						LIMITS?
IAL	10e. STREET AND NUMBER			1000	LOI		ZIP CODE	E			10g. CIT		IAT COUNTRY?
NEF	RT. 2 BOX 204						2062				U.S	S.A.	
	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO		lf yes, spec	cify Cubar	n, Maxica	n, Puarto R	(Specify Yes Ican, etc.)	or No-	14. RACE Black,	- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	WW-II	AR OR OATES			1 TYES	2X NO	Specify	y:			Specify	ITE
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION Impleted)	16a.	Give kind of w	USUAL Of	CCUPATION during most	N t of workin	99	16b.	KIND OF BUS	SINESS/INE		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +	·							T D			
MO.	17. FATHER'S NAME (First, Middle, Last)			RAFFI	, EXI	ZEK I	18, MOTH	IER'S NA	ME (First, M	I.B			
BE C	LOUIS DIKERSON									SWYER	,		
10	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING			d Number	or Runal F	Route Numb	er, City or Town	n, State, Zip		
	FLORA F. DICKERSON 200. METHOD OF DISPOSITION		005 814	RT. 2				<b>SF00.</b>					
	1 Burial 2X Cremation 3 Remove 4 Donation 5 Other (Specify)	ni from Stata	cemetery,	crematory or of	her place)		ne or		7/2	O WAL		City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	15	10	I CKLI	22. 1	NAME AND			CILITY				ILAND
	BENJAMIN M. MAT	CHEWS M		2	TH.	IE HA	TUNIT	FUN	ERAL	HOME,	INC	601	
	PART I. Enter the diseases, or cor shock, or heart fellure. Lis IMMEDIATE CAUSE (Finel disease or condition	st only one ceu:	se on eech i	ine.	ot enter	the mod	e of dyle	ng, suci	h se cerdi	ec or respi	ratory en	reet,	Approximate Interval Between Onset end Death
	resulting in death) a.	UE TO	OR AS A CON	SEQUENCE OF	7:	4	اعدا	احدا	مالات	<u> </u>			
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	OUE TO	OR AS A CON	SEQUENCE OF	7):								
FIC	CAUSE (Diseese or Injury that initiated events	DUE TO	OR AS A CON	SEQUENCE OF	7):								
ERT	resulting in death) LAST												
	PART II. Other significant conditions	contributing to	deeth but no	ot resulting I	n the un	derlying	ceuse g	iven in	Part I.	24a. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	_ Cluwic					••••	-			PERFOR		6	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:					CE OF DE	EATH (Che	eck only one	)			
IXSI	1 ☐ YES 2 ☐ NO 1	☐ Inpatient 2 □				ing Home		sidence	e 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a, DATE OF (Month, Da		28b. TIMI INJI	E OF URY M	28c. INJUI WORI 1 YE		NO NO	28d. DESC	RIBE HOW IF	NJURY OC	CURED	
COMPLETED	3 Suicide e Could not be determined	28s. PLACE OF building, o	INJURY — At tc. (Specify)	home, ferm, s	treet, facto	ory, offica			28f. LOCA City of	TION (Street a Town, State)	nd Number	or Rural Roo	rte Number,
<u>P</u>	29a. CERTIFIER (Check only) CERTIFYING PHYSICIA	N: To the best of	ny knowledge,	death occurre	d et the th	me, deta a	nd placa,	and dua	to the caus	e(s) and man	ner as stat	ed.	
SON	one) 2 MEDICAL EXAMINER:	On the basis of ex	imination and/	or investigation	n, In my o	pinion, des	ith occure	ed at the	time, data a	nd place, and	d due to th	e cause(s) a	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			- 17			29c. LICEI	NSE NUM	IBER		29d. DATI	E SIGNEO (A	footh Day Mari
BE	V &		-	~		-	D_ 25	000			N 9	_	100
TO BE	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUS	OF DEATH O	JEM ZT) (Type.	AND 1	-	D-25		D 0	D	<b>•</b> ,	_	9 183.
	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUS	OF DEATH (	IEM 27) (Type,	AND	-			P.O RYLAN	.Box :	<b>•</b> ,	_	100

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	appropriate the state of the st
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Maryland   Charles   Indian Head   1   1   1   1   1   1   1   1   1	1		rnice Dan	ielson	NT OF HEALTH AND TE OF DEATH	REG. NO	DAY YE	3. TIME OF DEAT			
1. S. STREET AND ROBERT   1. S. STREET AND	OR	217-82-2514	10 M 2 XF 17 1	YRS. MONTH	B DAYS HOURS MIN	(Morth, Dey, Year)	9c. COUNTY	OF DEATN			
Specify:    Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:		Maryland Cha			an Head			10d. INSIDE CITY LIMITS? 1 YES 2			
Security		11. MARITAL STATUS  1 Never Merried 2 Merried	FORCES? 1 YES 2	NO	20640 3. WAS DECENDENT OF NISI If yes, specify Cuben, Mex	ican, Puerto Rican, etc.)	U. 1	S.A.  RACE — American India Black, White, atc.			
The author of page parties of the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest to the country or the part is considered to the cause of page parties or conditions, if any, leading to immediate cause or individual to the cause of page parties or conditions.  The part is of the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest to the part is considered to the cause of the part is considered to the	ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	completed)	(Give kind of work don life. Do NOT use retired	OCCUPATION ne during most of working f.)			Whit			
DEFINITION OF DISPOSITION  10. Burlad 22 Cremetion 3 Removel from State  20. PLACE AND DATE DEPOSITION (Name of Company o	m	17. FATNER'S NAME (First, Middle, Last)	Wheeler		18. MOTHER'S	NAME (First, Middle, Maide	n Surneme)				
21. SIGNATURE OF PUNERAL SERVICE LICENSEE    22. MARKE AND ADDRESS OF PACILITY WIll LIAINS FURIERAL HOME   Rt. 225 & Glymont Rd., Indian Head, No.   Rt. 225 & Rt. 225 & Glymont Rd., Indian Head, No.   Rt. 225 & R		20g: METHOD OF DISPOSITION 1 🔁 Burlal 2 🗆 Cremetion 3 🗆 Remo	oval from State   cemetery	CE AND DATE OF DISP	OSITION (Neme of	DATE 20c. L	OCATION — City	or Town, State			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		23. PART I. Enter the diseases, or o	M00668	death. Do not ant	Rt. 225 & G	ineral Home	, India	n Head, Md			
CAUSE (Disease or injury that inflitated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):		immediate cause (Final disease or condition resulting in death)  a. Chric Obstructive Lum disease  Due to (OR AS A CONSEQUENCE OF):									
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Carebree	FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c								
Types 2 (    Control   Con	ū	resulting in death) LAST	da contributing to death but no	ot resulting in the	underlying cause givan			24b. WERE AUTOPSY FI			
2 Accident   Accident	Σ	atrial fibr	ui.	i clear		1 <u>Y</u> ES	2 (NO ,	COMPLETION OF C			
Accident   Suicide   Accident   Suicide   Su	5	EXAMINER? 1 YES 2 NO	1 ☐ Inpetient 2 ☐ ER/Outpetien	3 DOA 4 N	ER: ursing Home 5 - Residence	e 8 🗆 Other (Specify)	IN HIEW ACCURE	^			
29e. CERTIFIER (Check only one)  2 D MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as atated.  2 D MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as	HYSI	- Investigation	(Month, Day, Year)  28e. PLACE OF INJURY — A	INJURY	WORK? 1 YES 2 NO	281. LOCATION (Street	and Number or Ru				
	ED BY	3 Suicide 8 Could not be	building, etc. (Specify)								

540

296. SIGNATURE AND TITLE OF CERTIFIER UnD 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WHOLA C

31. DATE FILED (Mon

32. REGISTRAR'S SIGNATURE
Julia Davidson Andelle.

1. DECEDENT'S NAME (First, Middle, Last)

CHARLES

FOR STATE REGISTRAR

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morte

2 0

Mymm

31. DATE FILED (Month, Day, Year)

ITEMS: 23 PART I, 27, PER MEO G-702 8/9/93 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH DAY

29c. LICENSE NUMBER

111 Penn Street, Baltimore, Maryland

OCME

18

SAMUET. DIEHL 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 F 214-17-5710 7/3/76 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH DIMECTOR CARROLL COUNTY GENERAL HOSP WESTMINISTER 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Carroll New Windsor 10a STREET AND NUMBER 10f. ZIP CODE FUNER 3200 Mill Dale Lane 21776 hours after death. Page 6 may be retained by the hospital or attending physician. burial-tra 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify, Cuban, Maxican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 ORCES? 1 YES 2
YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cubar 1 YES 2 NO NO BY Specify: be detached for use as the 3 Wildowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.) ndary (0-12) College (1-4 or 5+) 11 Student 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ¥ Charles S. Diehl, Jr. Arlene Keefer BE notified a completely filled in by the funeral director, page 5 should in tall, cremation, or removal. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 & Mrs. Charles Diehl. 3200 Mill Dale Lane JR. ě 20ar METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Pipe Creek Cemetery 4 Donation 5 Other (Specify) 7/22 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D.D. Hartzler & Sons alharine New Windsor, MD medicai 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Fine) the disesse or condition MEDIASTINAL MALIGNANT LYMPHOMA HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. reaulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): ending physician and com Hygiene prior to burial, u traumatic CERTIFICATION Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician of. of Health and Mental Hygiene prior to CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL shows any r this certificate has bee h with the State Dept. o arked, or Item 23 sh 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ARP/Outpetient 3 | DOA OTHER: 1 Q YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28 is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED 1 XX Natural 1 YES 2 NO BY After t 2 Accident Investigation 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) S Could not be determined DIRECTOR: / COMPLETED 4 Homicide Hem 1 \_\_\_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
De filed within 72 ho
IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SQNATURE AND TITLE OF CERTIF

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAB'S SIGNAFURE

1-110ecum

93 22581 3. TIME OF DEATH VEAR 993 6:55 8. BIRTHPLACE (State or Foreign Maryland 9c. COUNTY OF DEATH CARROLL 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. White Public School New Windsor, MD 21776 20c. LOCATION - City or Town, State nr. New Windsor, MD Approximate interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE TYPES 2 NO OF DEATH? 1 X YES 2 □ NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, Year)

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	LTIMORE, MARYLAND 21215-0020	the forest. Place 5 may be retained by the hospital or attending physician. The function page 5 should be detached for use as the burial-transit permit. Pages 1
	1215	or attend
	VD 2	ospital ched for
	LA!	y the h
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	MOR	pt 5 m inector,
	E	ath. Pa
	BA	He de

TO THE HIGHTAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Place 5 may be retained by the bospital or attending physician and completely filled in the function page 5 should be detached for use as a fine when 72 hours after death with the State Dept. of Health and Mental Hydions prior to be made on removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	CERTIF	CATE OF		D MILITIA	REG. NO							
	1. DECEDENT'S NAME (First, Middle, Last)				2. DAT	OF DEATN		YEAR	3. TIME OF DEATN				
	4. SOCIAL SECTIONTY NUMBER 5. SEX 6. AGE (In viz.				1	1 /2	2	93	27"				
	1. SOCIAL SECTION NUMBER  27/-34-0700   15   2   F   5   5   5   5   5   5   5   5   5	7 YRS.	IF UNDER I YEAR MONTHS DAYS	HOURS MIN	(Mon	OF BIRTH	-35	6. BIRTHI Country	PLACE (State or Foreign				
DIRECTOR	98. FACILITY NAME (If not institution, give street and number)  9342 WASHWOTON BIND RESIDENCE OF DECEDENT		96. CITY, TOWN O		F DEATH		PR. COU	NTY OF DE	eath RUBDROBY				
REC	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCAT	ION		- 1			10d. INSIDE CITY LIMITS?				
	MD RINCE GEORGE'S	1 2							1 X YES 2 NO				
FUNERAL	9342 WASHINGTON BULL			20706			U	J.S.	A .				
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	. ARMED	13. WAS DECI If yes, spe 1 — YES	ENDENT OF NIS city Cuban, Ma 2 NO Sp	SPANIC ORIGI xican, Puerto ecify:	N? (Specify Yea Rican, etc.)	or No—	14. RACE Black, Specify	— American Indian, White, etc.				
LED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S	USUAL OCCUPATIO	N at of working	16	. KIND OF BUS	SINESS/INC	DUSTRY	7776				
COMPLETED	Elementary/Secondary (0-t2) College (1-4 or 5 +)	echni	retired.)	it or working	F	edera	l Av	'iati	on Assoc.				
CON	17. FATHER'S NAME (First, Middle, Last)					Middle, Maiden							
BE	Charles Evans  196. INFORMANT'S NAME (Type/Print)	475 11411 716				Nevill							
5	Mark Evans		Nash. Bl										
	20a. METHOD OF DISPOSITION 20b. PLAC	CEANDDATEO	FDISPOSITION (Nat	ne of	DA		CATION -		rn, Stata				
	4 Donation 5 Depar (Specify)  21. SIGNATURE OF AUGUSTAL SERVICE LICENSES	Nation	nal Memo				aure	1, MI	)				
	· Kiehen Kenli			n/Hale									
$\neg$	23. PART I. Biter the diseases, or complications that caused the	death, Do n	1 9013	Annapo.	Lis Ro	l. Lanh	ratory arr	MD 20	0706 Approximate				
	IMMEDIATE CAUSE (Final	lina.					, , , , , , , , , , , , , , , , , , , ,	,	interval Between Onset and Death				
	disease or condition a. DEASY BY HANGING  DUE TO (OR AS A CONSEQUENCE OF):												
z	- MATTIE DI		·										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	SEQUENCE OF	):										
FIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CON-	SEQUENCE OF	;										
EHI	resulting in death) LAST												
	PART II. Other significant conditions contributing to death but no	ot resulting in	the underlying	cause given	in Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS				
DICAL						PERFOR		- 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME		<u> </u>						1	1  YES 2  NO				
AN	25. WAS CASE REFERRED TO MEDICAL		26 PI	ACE OF DEATH	(Chack only o	ne)							
PHYSICIAN:	EXAMINER?  1 XYES 2 NO  HOSPITAL:  1   Inpatient 2   ER/Outpatient		OTHER: 4   Nursing Nome										
	27. MANNER OF DEATN  t	28b. TIME INJU	OF 28c. INJU	IRY AT		SCRIBE HOW IP	JURY OCC	CURED					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At building, atc. (Specify)	home, ferm, at				CATION (Street a or Town, State)	nd Number	or Rural Ro	ute Number,				
COMPLETED	29s. CERTIFIER (Check only (Ch	death occurred	st the time, data	and place, and	dus to the ca	use(s) and man	Der as stat	ed.					
COM	one) 2 MEDICAL EXAMINER: On the basis of examination and/								and manner as stated.				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  PENOTO  EX	med.	est of	29c LICENSE I	NUMBER S	2	29d. DATE ▶ 7	-12	Month, Day, Year)				
	30, MME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	3 adde	Princ) Penssi	my K	17	ratter	ille	Will	18506				
	31. DATE FILED (Month, Dev. Men)  32. REGISTRAR'S SIGNATURE  Sunia Davidson			,									

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31. DATE FILED (Month, Day, Year)

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funeral director, page 5 should

BALTIMORE, MARYLAND 21215-0020

the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within e bept. of Health and Mertal H 23 shows any injury, or certificate h DIRECTOR: After this cer hours after death with the litem 28 is marked, of TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: If Item 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10 30 Am Baldwin Egeli MONTH 4. SOCIAL SECURITY NUMBER 6. Alac (In yrs. lest birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS (Morith. DAYS HOURS 08 215-48-3979 1 M 2 F YRS Arkansas 22 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RD DIRECTOR MONTEDMEN 11006 DAM ASOUS RESIDENCE 10a. STATE 10b. COUNTY 10d. INSIDE CITY MD MONTGOMER 1 TES 2 NO FUNERAL 10a, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6935 21797 LOCK U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea. specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 ☐ YES 2 ☒ NO Specify: 2 Merried IF YES, GIVE WAR OR DATES BY Specify: White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Religious Order 12 Practitioner ege (1-4 or 5+) Christian Science 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Elmer I. Baldwin Mary C. Maloney BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Peter E. Egeli Westbank, (son) Drayden, MD 20630 20a. METHOD OF DISPOSITION
1 □ Burlei 2 ☑ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Lee Crematory 7/4/93 4 Donation 5 Other (Specify) Clinton, MD 21. SIGNATURE OF FUNEAUX SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home 6633 Old Alexander Ferry Rd. Clinton, MD 20735 23. PART (Inter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition PNEUMONI resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 DIN 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? OTHER:
4 □ Nursing Home 5 Passidence 6 □ Other (Specify) HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Antural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, 29d, DATE SIGNED (Month, Oay, Year)

32. BEGISTRAR'S SIGNATURE

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP/ CERTI	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIE REG. NO		0 22301
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
CECTL	R	EDWARDS		0 199	10:35 E
200 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5. SEX 6. AGE (In yrs. last birthda	MONTHS DAVE MOUNE AND	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (II not institution, give stre  14 AKIN AVE	net and number)	96. CITY, TOWN OR LOCATION OF CAPITAL HEI	DEATH	9c. COUNTY PRIN	
14 AKIN AVE		CATTIAL HEL		1 1/11/	CT GTOUGTD
10a. STATE 10b. COUNTY		CITY, TOWN OR LOCATION	- 1		10d. INSIDE CITY
100. STREET AND NUMBER		APITAL H	EIGHT		LIMITS?  1 YES 2 NO  OF WHAT COUNTRY?
5 14 AKIN	AVE	2019	43	U	SA
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP, It yes, specify Cuban, Maxic 1 YES 2 M NO Specify	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ompleted) (Give kind	T'S USUAL OCCUPATION of work done during most of working t use retired.)	18b. KIND OF B	USINESS/INDUST	RY
I OTH	College (1-4 or 5+)	ABLED	N	ONE	-
17. FATHER'S NAME (First, Middle, Last)	ELLANC	18. MOTHER'S N	AME (First, Middle, Maide	n Surname)	
a Alacan	EVANS	11 4	76	5VA	i NS
P 19a. INFORMANT'S NAME (Type/Print)	IANS 40	NG ADDRESS (Street and Number or Rura PGBALVOAAV		wn. State, Zip Coo	10745
20a, METHOD OF DISPOSITION 1.2 Burlel 2 Cremetion 3 Remov		TE OF DISPOSITION (Name of		OCATION City	or Town, State
4 Donation 5 Other (Specify)	HARA	10 My MEM-	6-26 L	4100	OVER NO
21. SIGNATURE OF FUNERAL SERVICE LICEI	NSEE	22. NAME AND ADDRESS OF F	CON EC	INER	AL HOME
1 2 4/	30am 21	6 3447	- 1474.	54 NO	IN DOOL
IMMEDIATE CAUSE (Fine)	SEIZURE DISORDER  DUE TO (OR AS A CONSEQUENCE	DF):			Interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE				
CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other eignificent conditions	contributing to death but not require	o lo the underfules course there to	Part Lawrence		
PART II. Uther eignificent conditiona	source of the second section of the second	y in the underlying cease given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
		28. PLACE OF DEATH (C	hack only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (C			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Inpatient 2   ER/Outpatient 3   DOA     28s. DATE OF INJURY   28b. T	OTHER: 4 Nursing Home 5 Residence		INJURY OCCURE	ED
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Inpetient 2   ER/Outpetient 3   DOA	OTHER: 4 - Nursing Home 5 Residence	8 Other (Specify)	INJURY OCCURE	ED .
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Inpetient 2   ER/Outpetient 3   DOA	OTHER: 4   Nursing Home 5   XResidence IME OF NURY AT WORK?   OWN M 1   YES 2   NO	8 Other (Specify)  28d. DESCRIBE HOW  UNKNOWN  28t. LOCATION (Street	and Number or R	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X ES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined		OTHER: 4   Nursing Home 5   XResidence IME OF NURY AT WORK?   OWN M 1   YES 2   NO	8 Other (Specify)  28d. DESCRIBE HOW  UNKNOWN	and Number or R	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8X Could not be determined	Impatient 2 ER/Outpatient 3 DOA   28a. DATE OF INJURY (Month, Day, Year)	OTHER: 4   Nursing Home 5   XResidence IME OF 28c, INJURY AT WORK? NOWN M 1   YES 2   NO n, street, factory, office	28d. DESCRIBE HOW UNKNOWN  28t. LOCATION (Street City or Town, State UNKNOWN  to the cause(a) and ma	and Number or R	ural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	I inpatient 2 ER/Outpatient 3 DOA  28a. DATE OF INJURY (Month, Day, Year) UNKNOWN  28a. PLACE OF INJURY — At home, term building, etc. (Specify)  UNKNOWN	OTHER: 4   Nursing Home 5   Residence IME OF   28c. INJURY AT   WORK? 1   YES 2   NO  1, street, factory, office  arred at the time, data and place, and du filon, in my opinion, death occured at the	26d. DESCRIBE HOW UNKNOWN  26t. LOCATION (Street City or Town, State UNKNOWN  a to the cause(a) and many of time, data and piace, a	and Number or R )  nner as stated,  nd dus to the car	ural Route Number, use(a) and manner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Impatient 2 ER/Outpatient 3 DOA   28a. DATE OF INJURY (Month, Day, Year)	OTHER: 4   Nursing Home 5   Residence IME OF   28c. INJURY AT   WORK? 1   YES 2   NO   In, street, factory, office  Interest the time, data and place, and dutton, in my opinion, death occured at the	28d. DESCRIBE HOW UNKNOWN  28t. LOCATION (Street City or Town, State UNKNOWN  a to the cause(a) and may time, data and place, a	and Number or R ) inner as stated, ind dus to the cai	ural Route Number,  use(a) and manner as stated.  BNED (Month, Day, Year)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   X   X   Y   Y    27. MANNER OF DEATH  1   Netural 5   Pending Investigation  3   Sulcide 8   Could not be determined  29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER:	Inpatient 2   ER/Outpatient 3   DOA	OTHER:  4   Nursing Home 5   XResidence    1ME OF   28c, INJURY AT    NUNN M 1   YES 2   NO    n, street, factory, office    1   YES 2   NO    n, street at the time, data and place, and dutton, in my opinion, death occured at the    29c. LICENSE NU    0 . C .	8 Other (Specify)  28d. DESCRIBE HOW  UNKNOWN  28t. LOCATION (Street City or Town, State  UNKNOWN  a to the cause(a) and ma o time, data and place, a	and Number or R  anner as stated, and dus to the cas  29d. DATE SIG	use(a) and manner as stated.  SNED (Month. Day, Year)  2.1 = 1.9.9.3

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be enclosed within a flowers start death. Page 6 may be retained by the hospital or attending physician.

TO THE FLINERAL DIFFECTION After this commission been signed by the attending physician and complemely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Medial Hydrons prior to burial, commission, or removes BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
Osei		Ва	lewa		Es	ho			0.7			993	1:49 P.
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. la		IF UNDER			R 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
332 14 619	4	1 ⊠ M 2 □ F	16	YRS.	MONTHS	DAYS	HOURS	MIN.	10	222 Year) 7	6	CHI	CAGO ILL.
9a. FACILITY NAME (If not in	nstitution, give s	treet and number)		-	9b. CITY	, TOWN	OR LOCAT	ION OF DE	ATH		9c, COU	NTY OF D	EATH
Prince G	eorge	s Gener	al Hos	p.	C	hev	erly	7			Dr	inc	e Georges
RESIDENCE OF DE	10b. COUNTY			10c. CITY									2
		E GEORGE	C		LAND							- 4	10d. INSIDE CITY LIMITS? 1 YES 2 NO
MD  10e. STREET AND NUMBER		E GEORGE	3	1	TWIND		f. ZIP COD	AF.			L. 012	12 THE REAL PROPERTY AND IN	VHAT COUNTRY?
	RIGHTS	EAT RD				10	i. ZIP COD	207	85				STATES
11. MARITAL STATUS	KIOHID		IT,EVER IN U.S. AF	PMED	12	WAS DEC	PENDENT			? (Specify Yes			
1 🔀 Never Married 2 🗌	Merried	FORCES?	YES 2 X	NO		II yes, sp	ecity Cubi		n, Puerto F		01140-	Black	- American Indien, c, White, etc.
3 Widowed 4 Dive	orced	ir tes, dive t	MR ON DAIES			1 🗀 YES	S EN MO	Specin	y:			BL.	ÄCK
15. DEC	EDENT'S EDU	CATION	16a, DE	ECEDENT'S	USUAL O	CCUPATION	ON		16b.	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (		College (1-4 or 5	16tha	he kind of w Do NOT use	e retired.)		ost or work	ing			001100	T	
10					STUD	ENT	16-2			2	СНОО	Ъ	
17. FATHER'S NAME (First, A	fiddle, Last)	TO YELL					18. MOT	HER'S NA	ME (First, A	fiddle, Meiden	Surnama)		
BIOLA	J ESH	0					E	EVANG	ELIN	E CAN	NON		
19e. INFORMANT'S NAME (	Type/Print)									er, City or Tow			
MARTINS	ESHO		17	726 BI	RIGH	TSEC	T RI	LAN	IDOVE:	R MD 2	20785		
20e. METHOD OF DISPOSIT		oval from State	20b. PLACE	AND DATE O	F DISPOS	SITION (N	eme of		DATE			City or To	wn, State
4 Donation 5 Dother	(Specify)		HARN	YONY 1	MEMO	RIAI	PAF	RK	7/1	7 LAN	IDOVE	R MD	
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE /	0		22 ALEXANDER S POPE FUNERAL HOME-ME						M859		
2617 PA AVE SE WASH DC 20020													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other significa	ant condition	e contributing to	death but not	resulting in	n the ur	nderlyin	g cause	given in	Part I.	244. WAS AN PERFOR	IMED?	246.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
			100					-	- 4				ARR 5 INO
25. WAS CASE REFERRED T	O MEDICAL					26 P	LACE OF F	DEATH (C)	eck only on	e)			
EXAMINERY  1- VES 2 NO		HOSPITAL:	T.ER/Outputters	I I nov	OTHE	RI.	A 200 - 1						
27, MANNER OF DEATH		35a. DATE OF	INJURY	28b. TIME	E OF	28c. IN.	IURY AT	estuence	8 Other	(Specify) CRIBE HOW I	NJURY OC	CURED	
	Pending Investigation	(Month, 2	Appp. Minus/	36.20	DMA.	WC	YES 1	XNO	Sin	loice	+ do	DUN	red
3 Stuicide	Investigation Could not be	25s. PLACE C	FINJURY - At N	1.2 . F	treet, fact				281. LOCA	KTION (Street	and Numbe		
4 Homicide	determined	building.	etc. (Specify) SV	vimmi	ina	Poc	1		City	or Town, Statu)			at Road
29a. CERTIFIER 1 CER	TIFYING DUVE	CIAN: To the best o						and di					- 11000
one) —													e) end manner es stated.
PRIL SIGNATURE AND TITLE					-printer, C				one piece, er				
The Ale City	HTIFIEI	À .						ENSE NUI					(Month, Day, Year)
107	* \\						0	.C.1	M.E.			07/1	1/1993
30. HAME AND ADDRESS-O	Y Y O	COMPLETED CAU											
31. DATE FILED (Month, Day,	Y) ( (	22 0501075				ree	et,	Balt	timo	re, N	lary	land	21201
	6 199		a Davidson	-Rando	122								
204	0 100	1											

A THE RESERVE AND THE PARTY OF THE PARTY OF

1 - STATE REGISTRAR			CI	BTIFI	CATE	OF DE	ATH	MENTAL	REG. NO.			
1. DECEDENT'S NAME (First, I	Middle, Last)				-	01 01		2. DATE OF	DEATH			3. TIME OF DEATH
Sister Mar:	ie The	erese Eber	hart					June	29		YEAR O 3	3:45 P.
4. SOCIAL SECURITY NUMBER		7	AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR   IF UI	IDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
217-48-478	9	1 M 2 X F	84	YRS.	SHTMON	DAYS HOU	RS MIN.	July	ay, Year)	808	Country Gett	sburg, Per
9a. FACILITY NAME (If not inst	itution, give s	street and number)			9b. CITY,	TOWN OR LOC	ATION OF O		.,	9c. COUN		
Villa St. I		el			Em	mitsbu	rg			Fr	eder	ick
	10b. COUNT	Υ		10c. CITY,	TOWN O	R LOCATION						10d. INSIDE CITY
Maryland	Free	derick		Em	mits	burg						LIMITS?
10e. STREET AND NUMBER						101. ZIP 0	ODE			10g. CITIZ	EN OF W	HAT COUNTRY?
333 South	Seton	Avenus				21	727			U.S	.A.	
11. MARITAL STATUS		12. WAS DECEOENT E FORCES? 1				WAS DECENDED				or No-	14. RACE Black	- American Indian, White, etc.
1 Never Married 2 A 3 Wildowed 4 Divorce		IF YES, GIVE WAR				YES 2			,,			White
15. OECE (Specify only	DENT'S EDU	CATION completed)	16a. DE	CEDENT'S U	SUAL OC	CUPATION	orkina	16b. K	ND OF BUS	INESS/INDU	JSTRY	
Elementary/Secondary (0-		College (1-4 or 5+)	Mo	. Do NOT use	retired.)	furing most of w						
		College 5+	T	eache	r			Da	ught	er of	Cha	arity
17. FATHER'S NAME (First, Mid	idle, Last)					18. 1	IOTHER'S NA	ME (First, Mid	dle, Maiden	Sumame)		
George Fran		berhart						Codor				
190. INFORMANT'S NAME (Ty) Sister Cami		aront	19			(Street and Nui						01707
20a. METHOD OF DISPOSITIO		grant				Setor		iue, Ei	v			21727
X Buriel 2 Cremation 4 Donation 5 Other	3 Rem	noval from State	other pi	ace)		re of cemetery,		RY		ITSBU		MD. 21727
21. SIGNATURE OF FUNERAL		CENSEE //	)	51.		NAME AND AD		CILITY	1			
· form	M	. Shil	4		21	10 W. I	ATN S			FUNE URG.		HOME 21727-042
23. PAST I. Enter the dis	eases, pr	complications that c	aused the de	eth. Do no		the mode of	dying, aud	h aa cardia	c or reaple	ratory arre	est,	Approximate interval Batwee
IMMEDIATE CAUSE (Fine	i	(6.	. 0			0	(I) do	ila	. X	41.	+1	Onset and Dea
resulting in death)	*	a. DUE TO (O	R AS A CONSE	QUENCE OF	I A	un	1	roce		1		2
			801	en	1	Jusa	has	in	an	Al		
Sequentially list condition if any, leading to immed		DUE 10 (0	RAS A CONSE	QUENCE OF		02	7		51			
cause. Enter UNDERLYIN CAUSE (Disease or Injur	IG	c.	less	wat	ra-	~ V	nlu	mo	niti	2		
that initiated events		OUE TO (O	R AS A COMBE	QUENCE OF	E.							
resulting in death) LAST		d										
PART II. Other algnificar	nt condition	ne contributing to de	ath but not	resulting in	the un	derlying cau	es elesse la	Part I. 2	(a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDING
				_			se given in			MED2		
						dorry nig odd	se given in		PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
						derlying cod	se given in		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						out, my out	se given in					AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO	MEDICAL							_   1				AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EXAMINER?	MEDICAL	HOSPITAL:	R/Outpatient		OTHER AY Num	26. PLACE (	OF OEATH (C	neck only one)	☐ YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	MEDICAL	HOSPITAL: 1   Inpatient 2   E	JURY	28b. TIME	4X Num	26. PLACE ( ?: sing Home 5 { 28c, INJURY A	DF OEATH (C/	neck only one)	YES 2		URED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F	Pending	HOSPITAL:	JURY	DOA	4X Num	26. PLACE ( R: sing Home 5 [	DF OEATH (CI □ Residence	neck only one)	YES 2	⊠ мо	URED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F  2 Accident	Pending nvestigation	HOSPITAL: 1   Inpatient 2   E 28e. DATE OF IN (Month, Day.	JURY Year)	28b. TIME	4X Nurs	26. PLACE (2): sing Home 5 [28c. INJURY / WORK? 1 YES	DF OEATH (CI □ Residence	8 Other (:	Specify)  ON (Street a	ATINEA OCC		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F 2 Accident 3 Suicide 6 C	Pending	HOSPITAL: 1   Inpatient 2   E 28e. DATE OF IN (Month, Dec.	JURY Year)	28b. TIME	4X Nurs	26. PLACE (2): sing Home 5 [28c. INJURY / WORK? 1 YES	DF OEATH (CI □ Residence	8 Other (:	YES 2	ATINEA OCC		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 F 2 Accident II 3 Suicide 6 G 4 Homicide	Pending investigation Could not be etermined	HOSPITAL: 1   Inpatient 2   E 28e. DATE OF IN (Month, Day.	JURY Year) NJURY At he c. (Specify)	28b. TIME INJU	4X Nurs	26. PLACE (  2: sing Home 5 [ 28c. INJURY WORK? 1 YES ory, office	DF OEATH (C) Residence T 2 NO	8 Other (: 28d. DESCI 28f. LOCAT City or	YES 2  Specify)  RIBE HOW II  ION (Street a Town, State)	NO NO NJURY OCC	or Aural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F 2 Accident 3 Suicide 6 C 4 Homicide  29e. CERTIFIER (Check only)	Pending nvestigation Could not be etermined	HOSPITAL: 1   Inpatient 2   E 28s. DATE OF IN (Month, Day. 28s. PLACE OF building, sh	JURY Year) NJURY — At he c. (Specify) y knowledge, de	28b. TIME INJU	4 X Nurse OF IRY M	26. PLACE (2): sing Home 5 [28c. INJURY WORK? 1 VES ory, offica	DF OEATH (CI	8 Other (: 28d. DESCI 28f. LOCAT City or	Specify) Specify) Specify) Single HOW II	NJURY OCC	or Rural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F 2 Accident 3 Suicide 6 C 4 Homicide  29e. CERTIFIER (Check only)	Pending investigation Could not be determined FYING PHYS CAL EXAMINI	HOSPITAL:  1 Inpatient 2 E.  28e. DATE OF IN (Month, Dey.  28e. PLACE OF building, etc.)  BICIAN: To the best of m  ER; On the basic of axai	JURY Year) NJURY — At he c. (Specify) y knowledge, de	28b. TIME INJU	4 X Nurse OF IRY M	26. PLACE ( 2: sing Home 5   28c. INJURY A WORK? 1  YES ory, office	DF OEATH (CI	s Other (c) 28d, DESCI 28f, LOCAT City or a to the cause a time, data as	Specify) Specify) Specify) Single HOW II	NO NJURY OCC	or Rural f	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO  Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 F 2 Accident 3 Suicide 6 C 4 Hornicide  29a. CERTIFIER (Check only one) 2 MEDIC	Pending investigation Could not be determined FYING PHYS CAL EXAMINI	HOSPITAL:  1 Inpatient 2 E.  28e. DATE OF IN (Month, Dey.  28e. PLACE OF building, etc.)  BICIAN: To the best of m  ER; On the basic of axai	JURY Year) NJURY — At he c. (Specify) y knowledge, de	28b. TIME INJU	4 X Nurse OF IRY M	26. PLACE ( 2: sing Home 5   28c. INJURY A WORK? 1  YES ory, office	DF GEATH (CI	s Other (c) 28d, DESCI 28f, LOCAT City or a to the cause a time, data as	Specify) Specify) Specify) Single HOW II	NO NJURY OCC	or Rural F	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO  Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 F 2 Accident 3 Suicide 6 C 4 Hornicide  29a. CERTIFIER (Check only one) 2 MEDIC	Pending investigation Could not be determined FYING PHYS CAL EXAMINI	HOSPITAL:  1   Inpatient 2   E  28a. DATE OF IN (Month, Dey.  28a. PLACE OF In building, et  BICIAN: To the best of m  ER: On the best of axar	JURY Year)  NJURY — At h. c. (Specify)  y knowledge, d.	28b. TIME INJUDINE, ferm, si investigation	4X) Num OF IPTY M treet, factor d at the ti n, in my or	26. PLACE (2): sling Home 5 [ 28c. INJURY / WORK? 1  YES ory, office	PRESIDENCE NO LICENSE NU LICENSE	s Other (: 28d. DESCI 28f. LOCAT City or a to the cause a time, data as	YES 2  Specify)  RIBE HOW II  ON (Street a fown, State)  (a) and market and place, an	NO NJURY OCC	or Rural F	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO  Route Number,

32. BEGISTRAPIS SIGNATURE Grana Daindson

1993

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netific
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	S	R: A	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	.00
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30. NAME AND ADDRESS OF PENSO SCOTT SUFERBY

31. DATE FILED (Month, Day, Year)

JUL 20 1993

6.01

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1001

32. REGISTRAR'S SIGNATURE

		FOR 1 STATE	STATE OF MARYL	_AND /	DEPAR	TMEN	T OF H	IEALTH AND	MENTA	L HYGIEN		3	2258	7
		REGISTRAR		CE	RTIF	CAT	E OF	DEATH		REG. NO	_			
		1. DECEDENT'S NAME (First, Middle, Last)  Italia D'Angelo	Esposito						2. DATE	OF DEATH	AY 7	YEAR 9	3. TIME OF DEATH	м
		4. SOCIAL SECURITY NUMBER 169-50-6769	5. SEX 6. AGE	(In yrs. last	YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	5	6. BIRTHI Country	PLACE (State or Fore	oign
		9a. FACILITY NAME (If not institution, give st				9b. CIT	Y, TOWN C	OR LOCATION OF D		1110	8c. COUN	ITY OF DE		
	DIMECTOR	ATUMUTIC GEN	Mapital			Be	RUN	OMI					ESTER	
	2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		10c CITY	TOWN	OR LOCAT	TON						
	H	Md Wor	cester				City	A. 12.				İ	10d. INSIDE CITY LIMITS?	
		10e. STREET AND NUMBER	000101		00	cuii		. ZIP CODE		-	10g. CITIZ	ZEN OF W	1 X YES 2 N	0
1	LONEHAL	804 South Baltin	more Avenue	3				21842			USA			
	5	11, MARITAL STATUS	12. WAS DECEDENT EVER A			13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN	i? (Specify Yes		14. RACE	— American Indian	,
2	2	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR O				1 Tyes, spe	2 NO Specif	en, Puerto i fy:	Rican, etc.)			White, etc.	
1		15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE0	CEDENT'S I	JSUAL C	during mo	ON st of working	16b	. KIND OF BUS	SINESS/IND	USTRY		
1 2	ן ל	Elementary/Secondary (0-12)	College (1-4 or 5 +)											
1000	5	17. FATHER'S NAME (First, Middle, Last)		1101	nema	Ker		18. MOTHER'S NA		nomema				_
N L		Alphonse D'Ange	elo					Grace			Surname)			
		19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADORES	S (Street a	nd Number or Rural			n, State, Zip	Code)	<del></del> -	
F	-	Nancy M. Esposi	to Sacca	8	04 S	. B	altim	ore Ave	nue,	Ocea	n Cit	y, N	Nd. 2184	2
		20s. METHOD OF DISPOSITION 1 Secretary Secreta	oval from State cen	. PLACEA	NDDATEO	F DISPOS	SITION /Ne	me of	OAT	_	CATION — C	City or Tow		
		21. SIGNATURE OF UNERAL SERVICE LIC	Burkage			22. B	NAME AN Burba Berlir	age Fun	eral 2181	Home,	108	Willi	ams Str	eet
		23. PART I. Enter the disease, or control of the co	e. Sepsis	ech line.			the mod	de of dying, suc	ch as cero	lisc or respi	ratory arra	ast,	Approximatinterval Bet Onset and I	ween
N		C :	QUE TO (OR AS A	CONSEC	UENCE OF	: Zer	e.						7/11-7	1/17
PTIEICATION		Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQ	UENCE OF	):								*
1		CAUSE (Disease or injury	DUE TO (OR AS A	21	سنے									
1		that initiated events resulting in death) LAST		CONSEG	DENCE OF	).								
5	3		I											
MEDICAL		PART II. Other significent conditions	s contributing to death b	out not re	eulting in	the ur	nderlying	cause given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION DE CAU DE DEATH?	200
IM.		-				-			-			i i	1 YES 2 NO	,
PHYSICIAN.	\$	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DEATH (Ch	neck only on	0)		1		
100		1 YES 2/5 NO	HOSPITAL:	patient 3		OTHEI		5 - Rasidence	6 🗆 Other	(Specify)				
	- 10	27. MANNER OF DEATH  Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME INJU	OF IRY M	28c. INJU WOI	JRY AT RK? ES 2 NO	28d. OES	CRIBE HOW II	NJURY OCC	UREO		
FD RV	- 8	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At hon	ne, farm, st	reet, fact	tory, offica		281. LOC.	ATION (Street a or Town, State)	nd Number o	or Aural Ao	oute Number,	
1		298. CERTIFIER A CERTIFICATION PHYSIC	Clable To the best of the latest		Mark to the	10000		Chizerpaneous	200					
COMPI ETED			CIAN: To the best of my know R: On the basis of examination										and manner as stat	ed.
R		296. SIGNATURE AND TITLE OF CHATTERER	eener D	0	-	**		29c. LICENSE NUI	MBER		29d. DATE	SIGNED (	Mgnth, Day, Year) 117/93	
2	:   -	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CKUSE OF DE	ATH /ITEM	27) /Ema	Dolot)							1.11	

PHILADELAHIA AND OCEANCITY MY

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four dath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Legt) ROMAINE, FLYNN							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
	1. SOCIAL SECURITY NUMBER 15. SEX 8. AGE (In the land						7 16 93 42				4 3 A M	
	207-34-9735				ONTHS DAY		MIN.	(Month, Da	Month, Day, Year)		Countr	
	9e. FACILITY NAME (If not institution, give s	- 70	04		h CITY TOW	N OR LOCA	TION OF D	April	15,	909	PER NTY OF D	nsylvania
DIRECTOR	3406 Village Dri	ŕ			96. CITY, TOWN OR LOCATION OF DEATH Upper Marlboro					Prince George's		
2					TOWN OR LO	CATION						10d. INSIDE CITY
뜸	Maryland Princ	e George's		Uppe					LIMITS?  1 YES 2 X NO			
	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN OF			
ER	3406 Village Drive					2087	0			Uni	ited	States
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 FORCES? 1 FYES, GIVE WAR OR DATES				NO If yes, specify Cuban, Me			PANIC ORIGIN? (Specify Yea or No— 14. xican, Puerto Rican, etc.)			14. RACE	- American Indian, , White, etc.
	15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working				18b, KIN	D OF BUS	INESS/INC	DUSTRY	
9	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. I	life. Do NOT use retired.)								
COMPLETED		2	Regi	stere	ırse			Health Care				
	17. FATHER'S NAME (First, Middle, Last)	al/i nac:						AME (First, Midd				
BE	John M  199, INFORMANT'S NAME (Type/Print)	cKinney		88.875.50	Denret :		atha			Kirkr		ner
2		ı.i					er or Rural	Route Number, (	City or Town	n, State, Zip	Code)	
	Romayne Grzybows 200. METHOD OF DISPOSITION				as #10				00-15	ATION:	Other	Charles Charles
	1 X Buriel 2 Cremation 3 Removal from State 1 other pl			CE OF DISPOSITION (Name of cometery, crematory or or place)  Chedral Cemetery					Scranton, PA			
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY							
	2016	Rapp Funeral Services, P.A. 933 Gist Ave. Silver Spring, MD 20910								20910		
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		I O S (	UENCE OF):		He	ovt	Dize	ras	e.		
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDING.									WERE AUTOPSY FINDINGS		
: MEDICAL	Azheimen		PERFOR						COMPLETION OF CAUSE OF DEATH?			
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
SIC	EXAMINER?  1 VES 2 NO  HOSPITAL:  1 Inpetient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)											
BY PHYSICIAN	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJUI (Month, Day, Yes	RY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED									
	2 Accident 3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the beale of axamination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner as stated.											
BEC	296. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (Mogth, Day, Year)											
	YCHURCHO	mes, M	1>			Do	257	35		> 7	116	193
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  A. Clay K Holmes HD. 14314 Old Marlbord Pike Upper Marlbord Mul 2077.											
	31. DATE FILED (MOON), 901 1993 file Dunis Sign Figure de Company Sign File Dunis Sign Figure de Company Sign File Dunis Sign											

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceeding within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VIT	THE HOSPITAL OR ATTENDING PHYSICIAN: T	THE FUNERAL DIRECTOR: After this certificate lifed within 72 hours after death with the Stat	PORTANT: If Item 28 is marked, or ite	
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מינים ביינים ביי	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det		
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1. DECEDENT'S NAME (First, Middle, Las		CERTIFI	CATE OF	DEATH	REG. NO				
		CHARLES	FINKLEM	AN	2. DATE OF DEATH MONTH	19-93	5 15 p		
4. SOCIAL SECURITY NUMBER 08 2-14-6956	1 🕅 M 2 🗆 F	/5 YRS.	F UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8 4	THPLACE (State or Foreign ntry)		
9a. FACILITY NAME (If not institution, give	FERNWOOD HO		9b. CITY, TOWN C	DR LOCATION OF DI	ETHESDA	9c. COUNTY OF			
10a. STATE 10b. COUN	NTGOMERY	100	TOWN OR LOCAT	TION		10d. INSIDE CITY LIMITS? 1  YES 2 NO			
100. STREET AND NUMBER 24121 SECRETARIA	T COURT		101. ZIP CODE 20872				WHAT COUNTRY?  D STATES		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 X NO	X NO If yes, specify Cuben, Mexico			NIC ORIGIN? (Specify Yes or No— 14. RACE — : san, Puerto Rican, etc.) 14. RACE — :			
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12	DUCATION de completed) College (1-4 or 5+)	(Give kind of wo	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  BUDGET ANALYST			16b. KIND OF BUSINESS/INDUSTRY  U.S. GOVERNMENT			
17. FATHER'S NAME (First, Middle, Last) MAX FINKLEMAN					ME (First, Middle, Maiden				
19a. INFORMANT'S NAME (Type/Print) RAYMOND FINKLEM	AN (SON)				RT, DAMAS		20872		
20g METHOD OF DISPOSITION 1 (A Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	N	b. PLACE AND DATE OF Emerery, crematory of phr LEBANO			1	CATION — City or			
22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS 20852 1170 ROCKVILLE PIKE, ROCKVILLE, MARYLAND									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	b. Due to (on as Due to (on as COVOV)	A CONSEQUENCE OF)  A CONSEQUENCE OF)  A CONSEQUENCE OF)  A CONSEQUENCE OF)	uden	Diol Diseas	refes M	ellitu	1		
PART II. Other significant condition	d. (+/o C	olun co	nan	ema		RMED?	Ib. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch					
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou 28e. DATE OF INJURY	28h TIME	OF 28c IN.I		8 Other (Specify)  28d. DESCRIBE NOW INJURY OCCURED				
1 Natural 5 Pending 2 Accident Investigation		INJU	M 1 1	RK? /ES 2 NO					
4 Homicide determined									
	SICIAN: To the best of my kno NER: On the beele of examinat						o(e) end menner ee stated.		
296. SIGNATURE AND TITLE OF CENTIFICATION OF DEPENDING TO DESIGNATION OF DEPENDING THE PROPERTY OF DESIGNATION OF DEPENDING THE PROPERTY OF THE PROP	my		29c; LICENSE NUMBER D43272			29d. DATE SIGNED (Month, Day, Year)  07–19–93			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  SUNITA HAW, JURA 899 VIERS MILL RD.									
31. DATE FILED (Morgh, Day, Year)	32. REGISTRAN'S SIG	MATURE Pandal	2						

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CI				DEATH	WEN IN	REG. NO		0	22330	
- 1	1. DECEDENT'S NAME (First, Middle, L		January Con Beat II					2. DATE OF DEATH 3. TIME OF DEATH					
	Richard H. Frob	ose, Sr.						Ju1		1993	YEAR	9:20 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1775		IPLACE (State or Foreign	
3	147-09-3089	1 📆 M 2 🗌 F	80	YRS.	MONTHS	DAYS	HOURS MIN.		th 26,	1913	Count	Jersey	
_ (	Se. FACILITY NAME (If not institution, g	ive street and number)	- 00		9b. CITY, 1	TOWN (	OR LOCATION OF D		.11 20,	_	INTY OF E		
DIRECTOR	Potomac Valley	Nursing Ce	nter		Rocl						tgome		
ទួ	RESIDENCE OF DECEDENT 10a. STATE 10b. CO			Inc CIT	Y, TOWN OR	LOCAT	TON					10d, INSIDE CITY	
E	Manyland Mon	tgomery		2.7								LIMITS?	
	Maryland Mon	egomery		Ga	ither	hersburg			44. 00000			1 TYES 2 NO	
FUNERAL	19310 Club House	e Road #20	8	20879						U.S		WHAT COUNTRY?	
5	11. MARITAL STATUS		T EVER IN U.S. AR	ER IN U.S. ARMED 13. WAS DECEMBENT OF			ENDENT OF HISPA	T OF HISPANIC ORIGIN? (Specify Yes or No-			14. BAC	E — American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IXYES 2 □M WAR OR DATES 1945	A DATES 1			yes, specify Cuben, Mexican, Puerto Rican, etc.)  YES 2 NO Specify:				Spec	k, White, etc.		
	15. DECEDENT'S	EDUCATION		16a. DECEDENT'S USUAL OCCUPATION			TION 165 KIND OF BU			SINESS/IN	SINESS/INDUSTRY		
<u> </u>	(Specify only highest ( Elementary/Secondary (0-12)	rade completed)  College (1-4 or 5	(G		work done du								
COMPLETED	, (0.2,	2		Bus Driver					D.C. Transit				
0	17. FATHER'S NAME (First, Middle, Last	)		18. MOTHER					Middle, Maiden				
BEC	Frederick Frobos	e					Agnes	F1ynı	a				
	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS (	Street a	nd Number or Rural			rn, State, Zi	p Code)		
임	ByrtleJ. Frobose	2	11	9310	Club	Ho	use Road	#208	208, Gaithersburg, MD 20879				
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 1	Samoural from Chata	20b, PLACE	ANDDATE	OF DISPOSIT	ION (Na	me of	DAT	E 20c. LC	CATION -			
	4 Donation 5 Other (Specify)	Hemoval from State	_ George	e Was	shingt Shingt	ton	Cemeter	y 7/2	3 Ade	1phi	, MD		
-	24-SIGNATURE OF FUNERAL SERVICE	E LICENSEE	7 10 1		22. N	AME AP	ID ADDRESS OF FA	ACIUTY D	eVol 1	uner			
-	> Micha	011-1	alde	an			st Deer			5			
	23. PART I. Enter the diseases,	or complications the	t caused the de	eth Do			ersburg			lundam. n.		1.0	
- 1	shock, or heart failt	ire. List only one car	se on each line		not onter t	110 1110	de or dying, sat	OII EE CEI	siec or resp	iratory a	reat,	Approximate interval Between	
- 1	iMMEDIATE CAUSE (Final disease or condition	a atabi		11/10	. <	1	0	00	0		Onset and Death		
- 1	resulting in death)	a. DUE TO	(OR AS A CONSEC	DUENCE O	f):	No	may		UL '	MI		xua	
_					•		D	7010	Du	100		İ	
ᅙᅵ	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	a BY	aui	an	d ?	Vil	(6) V	nen	olla	8 46			
	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F): \								
	resulting in death) LAST	d											
	PART II. Other significant cond	tiona contributing to	death but not r	esuiting	in the und	eriving	cause alven in	Dort i	24a. WAS AN	ALITTOREY	Lan	. WERE AUTOPSY FINDINGS	
N N				counting	iii tilo tilit	on yin	g cause given in	rent i.	PERFO	RMED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ᅙᅵ									1 TYES	NO		DF DEATH?	
Σ												1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpetient 2 EN/Outpetient 3 DOA  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  29. TIME OF INJURY													
ত 당	EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (C						
<u>"</u>	27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient 3	26b. TIN		ng Hom		ce 6 ☐ Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED					
	1 Natural 5 Pending	(Month, E	Pay, Year)	IN.	JURY M	WO	RK?	200. DE:	SCHIBE HOW	NJUHT UC	CUMED		
2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Si							ATION (Street	and Mumba	a or Preset	Dougla Maria			
								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	29a. CERTIFIER 1 T CERTIFYING P	HYSICIAN: To the best of	my knowledge de	ath assum	and set that the	a data				-	5.7		
ğ												s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERT											White has the	
BE	S A	bulta	rond				29c. LICENSE NU	391	2	29d. DA	SIGNED	(Month, Day, Year)	
ဝ	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH STEE	M 27) /3	(Print)		21	27	U		1/0	1173	
											,	20879	
ĺ	Suhair H. Abulf 31. DATE FILED (Month, Day, Year)		19261	Mont	gomer	y I	illage /	Ave.	#G−10	Gai	ther	sburg. MD	
	JUL 2 3 1993	grana David	AR'S SIGNATURE	2									
		7.6		_									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR A	DIREC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem
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	REGISTRAR		CERTIF	ICATE O	F DEATH	A	REG. NO.	-				
	1. DECEDENT'S NAME (First, Middle, Last)	ADA MAE FKI	EDENBURGH	I		2. DATE OF MONTH			WEAR.	3. TIME OF D	DEATH	
	AKA PAULIN	E ADA MAE FRI	EDENBURGE	I		JÜLY	15,1	1993	YEAR	5:50	A	М
	4. SOCIAL SECURITY NUMBER 579 05 2903		(In yrs. last birthday)  94 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF I (Month, Da Sept.	w. Ybar)	898	Country	PLACE (State of YORK	or Foreign	7
- 1	De. FACILITY NAME (If not institution, give :			9b. CITY, TOW	N OR LOCATION OF D		20,1		NTY OF DE		_	-
DIRECTOR	GROSVENOR HEALTI	H CARE CENTER	R	BETI	HESDA				MON			
JE	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LO	CATION			-		10d. INSIDE		
	MD MO	ONT.		BETH	ESDA					1 X YES 2	□ NO	
FUNERAL	104. STREET AND NUMBER 5721 GROSVENOR	LANE.			101. ZIP CODE 208	14				HAT COUNTR		_
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS D	ECENDENT OF HISPAI		necify Yes				Indian	_
BY FI	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes,	specify Cuben, Mexica ES 2 X NO Specif	en, Puerto Ricar	1, etc.)	0.1.0		- American , White, etc. y: WHITE		
	15. DECEDENT'S EDU	ICATION	16a, DECEDENT'S	USUAL OCCUPA	TION	16b. KIN	D OF BUS	INESS/IND	DUSTRY			
ᄪ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done during ne retired.)	most of working							
절	12		PHONE O	PERATO	R	U.	S.GC	OVT.				
E COMPLETED	17. FATHER'S NAME (First, Middle, Last) PRESTON A.	YOUNG	-	-	18. MOTHER'S NA	ARA HEI		,				
BE	19e. INFORMANT'S NAME (Type/Print)	:	19b. MAILING	ADDRESS (Street	t end Number or Rural	Route Number, C	Sity or Town	, State, Zip	Code)			
임	PAULINE Y. GUNDI	ERSON		WOODBI		FLOREN				1		
	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Rem	201	b. PLACE AND DATE	OF DISPOSITION	Name of	DATE			City or Tow			
	4 Donation 5 Other (Specify)	P.	netary, cremetory or of ARKLAWN 1	MEM. PA	RK CEM.	7/17	Ro	ckvi.	11e,	Md.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			AND ADDRESS OF FA	JOS				S INC.		
	* loine	Semon	ou -	5130	WI AVE N					20016		
	23. PART NEnter the diseases, or	complications that ceuse	d the death. Do n	ot entar the n	node of dying, suc					Approx	cimate	_
	IMMEDIATE CAUSE (Final	List only one cause on e	each line.		, ,				,	Interva	Betwee	
	disease or condition resulting in death)	SEPSIS								- Olisak	and oc	-
	resolding in death)		A CONSEQUENCE OF	F):						<del>-</del>		
Z	Sequentially list conditions.	b										
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):								
2	CAUSE (Disease or Injury	C. DUE TO OR AC	A CONSEQUENCE OF									
Ē	that initieted events resulting in death) LAST	55E 10 (ON AS )	A CONSEQUENCE OF	· ).						i		
핑		d								1		
A I	PART II. Other eignificant condition	s contributing to death b	out not resulting i	n the underly	ng ceuse given in	Part I. 24a	. WAS AN A	AUTOPSY MED?		WERE AUTOPS		GS
DICAL						1 [	YES 2			COMPLETION (		E
¥										1 TYES 2	□ NO	
ÿ												
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)						_
XS	1 TYES 2 XNO	1 Inpatient 2 I ER/Out		4X Nursing Ho	ome 5 🗌 Residence	6 Other (Sp	ecify)					
	27. MANNER OF DEATH  1 X Natural 5 Pending	(Month, Day, Year)	28b, TIMI INJ	URY	NJURY AT YORK?	28d. DEŞCRIE	BE HOW IN	JURY OCC	CURED			
à l	2 Accident Investigation	80 - 81 40F 05 N H			YES 2 NO							
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, stc. (Spe-	r — At home, term, a	treet, tectory, of	lice	28t. LOCATIO City or To	N (Street ei wn, State)	nd Number	or Rural Ro	oute Number,		
2	29e. CERTIFIER (Check only 1 X CERTIFYING PHYS	ICIAN: To the best of my know	riedge, death occurre	d at the time, de	ite and place, end due	to the cause(e	) end man	ner ee stat	led.			_
S		R: On the beele of examination								end menner e	e stated	ı.
BEC	296. SIGNATURE AND TITLE OF CENTIFIE	R	0 -		29c. LICENSE NUI	MBER		29d. DATI	E SIGNED (	(Month, Dey, Ye	ear)	
8	000				D 08546	5		<b>▶</b> J	uly	18,199	3	
F	30. NAME AND ADDRESS OF PERSON WH											
			I AVE.	BETHESI	A, MD. 2	20814						
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN Julia Davidson	A Randa PA									
	JUL 1 9 1993	James print asset	and for land									

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND I	MENTAL HYGIEN REG. NO	IE .	22592		
			n. Frank				2. DATE OF DEATH OF MONTH	900	S 45		
/28h		579-14-1873A	1 🗆 M 2 🗹 F	(In yrs. last birthday) YRS.	FUNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 80	12 0	BHITTHPLACE (State or Foreign Country) hio		
	CTOR	9a. FACILITY NAME (If not institution, give atre BROOKE GLOVE RESIDENCE OF DECEDENT		<i>lomE</i>	96. CITY, TOWN	ey	EATH	9c. COUNTY	gomery		
aft. Page	DIRE	Maryland Mon	tgomery	10c. CITY	Olney	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
an. ransit permit.	UNERAL	18210 Rolling Mea				10f. ZIP CODE 2083		υ	N OF WHAT COUNTRY?		
215-0020 attending physician. se as the burial-transit	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR DO	2)(XNO	If yes,	ECENDENT OF HISPAN apocify Cuban, Mexica ES 2 NO Specifi		s or No 14	RACE — American Indian, Black, White, etc. Specify:		
12 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10 mg or 10	APLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ATION completed)  College (1-4 or 5+)	Ille. Do NOT us	work done during se retired.)	TION most of working  e Secreta	166. KIND OF BU	neerin	TRY		
at of	E COMPL	17. FATHER'S NAME (First, Middle, Last) Arthur Young		11Mm211	JELUCI.	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
retained 5 should	TO BE	19a. INFORMANT'S NAME (Type/Print)  Denise L. Habib		_ I		et and Number or Rural i	roline Fr	vn, State, Zip Co	ode)		
6 may be ctor, page		20s. METHOD OF DISPOSITION  1 67 Burlat 2 □ Cremetion 3 □ Remov  4 □ Donation 5 □ Other (Specify)	val from State cent	o. PLACE AND DATE O	OF DISPOSITION (	(Name of		OCATION — City	y or Town, Stata		
SAL IIN r death. Pag t tuneral dir al. examiner		22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 New Hampshire Ave, Silver Spring, M									
ted within 24 hours after completely filled in by the ial, cremation, or removal.		23. PART 1. Enter the diseases, or co shock, or heart failura. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on a	ach lina.	not enter the r	mode of dying, suc					
		resulting in death) / a.	1/25PIRA	MONG +	FAIL	URE			HRS,		
and and bur	NOI	Sequentially list conditions, b.	DUE TO (OR AS A	A CONSEQUENCE OF	CAR	ure Leinop	LA (fo lor	ain.	) MOS.		
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TAL RECOKES, P.O. BOX 68  The law requires that the death certificate be execute has been signed by the attending physician and ale Dept. of Health and Mental Hygiene prior to bur em 23 shows any Injury, or other traumati	SICIAN: MEDICAL CERTIFICATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  HTN  ASHD  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A COLON) DUE TO (OR AS A contributing to death b	A CONSEQUENCE OF	CAR P): CINCING In the underly 26. OTHER:	Ing cause given in	Part I. 24e. WAS AN PERFOI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
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BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	1. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	n, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely fil	2 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

		1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEATH MONTH D		VEAD	3. TIME OF DEA	TH
,		SHARRAH	M. I	FARQUHAR							July 2	Ö 1	993	0841	ам
		4. SOCIAL SECURITY NUME	JER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTH	PLACE (State or F	Foreign
		213-35-885	0	1 ☐ M 2 🂢 F	3	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Aug. 29, 1	989	Mont	. Co.,	MD
Carry.		9e. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY	, TOWN	OR LOCATION	ON OF DE			ITY OF DE		
	DIRECTOR	Union Hosp					E1k	ton				Ce	cil		
	🖺	10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	ATION					10d. INSIDE CIT	Y
2	片	Maryland	Ceci]	L		Nor	th E	last						LIMITS?	NO
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r attending physician. use as the burial-transit permit.	FUNERAL	782 Wheat1	ey Roa	ad				- 1	2190	1		US			
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phy		1 Never Married 2			YES 2 2	NO		if yes, s	pecify Cube S 2 🔯 NO	n, Mexica	n, Puerto Rican, etc.)		Black, Specif	, White, etc.	
or attending ir use as the	ΒĄ	3 Widowed 4 Divo	roed	<u> </u>									opoon,	White	
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the hospital detached fo once.	₹	0			ı	N/A					N/A				
the hos detach	응	17. FATHER'S NAME (First, MI							18. MOTI	IER'S NA	ME (First, Middle, Maiden	Surname)			
ed by	出	Brian G.		rquhar							ance J.	0gd			
5 should notified	2	19a. INFORMANT'S NAME (7)		_	1						Route Number, City or Tow				
2 2 0		M/M Brian	'	cquhar						Nor	th East,		****		
e 6 may ector, pa must b		20e. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	cemetery, c	E AND DATE	ther piece)				1	CATION —		rn, State	
Page 6 in directo		4 Donation 5 Other		- Parties	Litt	tle E						ford,	PA		
death. Pag e funeral dis J. examiner		21. SIGNATURE OF FUNERAL RETWICE LICENSEE  22. NAME AND ADORESS OF FACILITY Robert T. Jones and Foard, Inc.													
he fur		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate													
ours after d in by the or removal		23. PART I. Enter the	seases, or	complications tha	t caused tha	death. Do i	not anter	tha mo	oda of dyi	ng, sucl	h as cardiac or respi	iratory arre	ast,	Approxim	nate
		IMMEDIATE CAUSE (Fin		List only one cau	ise on aach iir	na.								intarval B Onset an	
		disease or condition resulting in death)		a. O. S. P. I	natio	n	no			·/.	•			hous	4 10
rted within 24 completely fill, ial, cremation, c event, the		Tooling III douting		DUE TO	(OR AS A CONS	EQUENCE O	F):	u p	2000					-	lays
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death certificate be a strending physician ental Hygiene prior to ity, or other traur	览			d											
0 0 5	4	PART II. Other significa	nt condition	a contributing to	death but not	resulting	In the ur	darlyin	ng cause g	iven in			24b.	WERE AUTOPSY F	
that the ed by the th and M any Inju	MEDICAL	chronica	enal	Failer	/						PERFOR			AMAILABLE PRIOR COMPLETION OF	
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law rec as beer bept. of 23 sh	ÿ	asthone	1.												
V: The law icate has I State Dept Item 23	X.	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL			-		28. P	LACE OF D	EATH (Che	ack only one)				
SICIAN: The law requestrificate has been of the State Dept. of tem 23 sho	PHYSICIAN:	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER		ne 5 🗆 Re	sidence	8 Other (Specify)				
PHYSICI this cert with th	美	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIM	-	28c. IN.	JURY AT		28d. DESCRIBE HOW I	NJURY OCC	URED		
ther this ceath with marked.	ВУ		Pending Investigation	(101011111, 2	u)\	1113	M	1 🗆	ORK? YES 2 □	NO	1				
NDING R. After death		3 Suicide 8 🗆	Could not be	28e. PLACE C	etc. (Specify)	ome, farm, i	street, fact	ory, offic	00		28f. LOCATION (Street, City or Town, State)	Number	or Rural Ro	oute Number,	
DR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate had be after death with the State Ditem 28 is marked, or item	1	4 Homicide	datermined								ony or town, state/	1			
DIRECT POURS	P	29e. CERTIFIER (Check only 1 CERT	IFYING PHYSI	CIAN: To Jhe beat of	my knowledge, o	seath occum	ed et the t	lme, date	e end place,	end due	to the cause(s) end mar	ner es atate	ıd.		
HOSPITAL FUNERAL WITHIN 72 FANT: II	COMPLET										time, dete end place, en			end menner es i	stated.
E FUR	Ш	296. SIGNATURE AND TITLE							29c. LICE					(Month, Day, Year)	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	00	Malle	neh	a. N	10				02	577	9	17	121	7/93	
0=	2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAU	SE OF OEATH (IT	EM 27) (Type,	Print)		~ /	1	·			1.1. A	
		w. Bruce		nshain		Uni	onh	105	01	1 Ce	cillou.	te.	FIR	21913	
		31. DATE FILED (Month, Day, 1)	*93	32. REGISTRA	H'S SIGNATURE	n .						/ /			

1 - STATE REGISTRAR	STATE OF MA		DEPARTMEN RTIFICAT			MENTA		NO.		N E IL LON	
1. DECEDENT'S NAME (First, Middle, Last DAISY	Μ.			FARR	ARE	2. DATE MONT 0 6	OF DEA	TN DAY 29	9 3	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER  220-28-4522  9a. FACILITY NAME (If not institution, give	1 □ M 2 🂢 F	56	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	10	OF BIRT th, Day, Ye -5-3	6	Mary	land	
DORCHESTER GEI		SPITAL		AMBRI	DGE	DEATH		DORCHESTER			
	chester		Hurlo	ck				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 4429 Blinkhorn	Road			101.	21643			10g. CIT	USA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAS	YES 2 NO		If yes, spe	NDENT OF NISPA Sty Cuban, Maxic NO Spec	an, Puerto			14. RACE Black Speci	E - American Indian, k, White, etc.	
1s. DECEDENT'S EO (Specify only highest grade Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(Give	EDENT'S USUAL.  be kind of work don- DO NOT use retired.  CTOTY W	e during mos.	of working	168		Canner			
17. FATHER'S NAME (First, Middle, Last) Roland Strawberr				18. MOTNER'S N		Middle, M	faiden Surname)				
190. INFORMANT'S NAME (Type/Frint) Frederick F. Fa							City or Town, State, Zip Coole) OCK, Md. 21643				
20g. METHOD OF DISPOSITION  1 XI Burlai 2 Commetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of								East No		wn, State	
21. SIGNATURE OF FUNERAL BERVICE L	CENGEE		-		ADMINESS OF	37	2				
23. PART I. Enter the decases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	.Arterio	sclero	tic Ca						reat,	Approximate Interval Betw Onset and Do	
Sequentially list conditions, If eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PART II. Other eignificent condition	ne contributing to d	eath but not re-	eulting in the u	underlying	ceuse given le	n Part i.	1 🗆 Y	AS AN AUTOPSY ERFORMED? ES 2 NO		. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				26. PL/	CE OF DEATH (C	heck only o		NOOTKI			
EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN	HOSPITAL: 1   Inpetient 2   26a. DATE OF IN			ER: ursing Home	5 - Residence	6 🗆 Othe	er (Specifi		777	*	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	26b. TIME OF INJURY M	28c. INJU WOR 1 YI	K?	26d. DE	SCRIBE I	10W INJURY OC	CUREO		
3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building, at	INJURY — At hom c. (Specify)	e, farm, street, fa	ctory, office		28f. LOC City	or Town,	Street and Numbe State)	r or Rural F	Route Number,	
	BICIAN: To the best of m									i) and manner as state	
200 SIGNATURE AND TITLE OF CENTUR	ANN	M			29c. LICENSE NU					(Month, Day, Year) - 1993	
MARIO F. GOLLE			27) (Type, Print) Penn	Stre	et, Ba	altir	nore	e, Mar	ylaı	nd 2120	

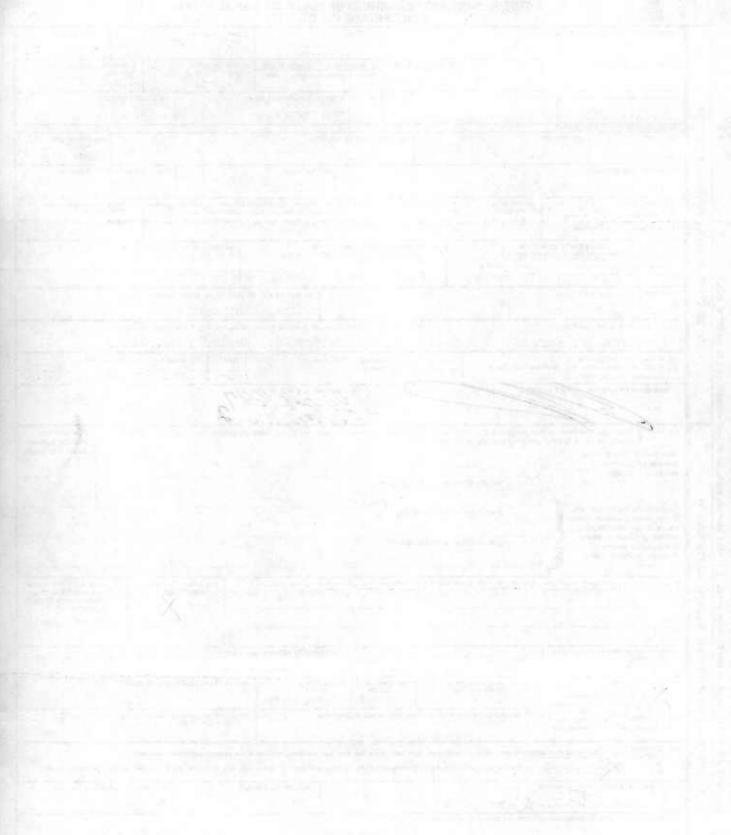
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nitrol feath. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



E HOSPITAL E FUNERAL d within 72 RTANT: If	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TIOO	HE HOSPITAL OR ATTENDING	HE FUNERAL DIRECTOR: After	ed within 72 hours after deatl	ORTANT: If item 28 is m

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

2. DATE OF DEATH

REGISTRAR				ENTIF	ICATE	. OF	DEAL	ın	HEG. I	1O.		
1. DECEDENT'S HAME (Fig.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s								2. DATE OF DEATH	DAY	Y548	3. TIME OF DEATH 12:50 pt
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
220-03-04	02	1 🗆 M 2 屎 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	Sent. 24		Country	, .J.
9a. FACILITY HAME (If not		street and number)			9b. CITY	TOWN	OR LOCATIO	ON OF DE			JNTY OF DE	4 0 4
William H	ill Mar	nor				sto				Ψ,	albot	
RESIDENCE OF DE						000	•	-		1	11000	
10e. STATE	10b. COUHT			10c. CIT	Y, TOWN C	H LOCA	ГЮН					10d. MSIDE CITY LIMITS?
Md.	Ta	albot			Eas	ton						1 YES 2 HO
10a. STREET AND HUMBE	R			-		10	f. ZIP CODE	E		HAT COUNTRY?		
108	B Hiad	gins Str	reet				21	1601				
11. MARITAL STATUS			NT EVER IH U.S. A	RMED	13	WAS DEC			NIC ORIGIN? (Specify	- American Indian.		
1 Never Married 2 3 Widowed 4 Di	1111	FORCES?	YES 2 NAR OR DATES			If yes, sp		n, Mexica	n, Puerto Rican, etc.)		Black,	White, atc. White
	CEDENT'S EDU		18a. D	ECEDENT'S	USUAL O	CCUPATI	ОН		16b. KIHD OF	BUSIHESS/IH	DUSTRY	
Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5	+)	Give kind of le. Do NOT u	se retired.)	auning me	St or worker	ng				
11		0		ecre	tarv				Off	icel	Secri	etarv
17. FATHER'S HAME (First,	Middle, Last)						18. MOT	HER'S HA	ME (First, Middle, Mei			y.
John!	(05 16	Compte					11 -	+++	o Pucki	0.1/		
19e. IHFORMAHT'S HAME	(Type/Print)	COMPLE	11	9b. MAILING	ADDRESS	S (Street	and Number	or Rural i	Poute Number, City or	Yown, State. 2	ip Code)	
Jean Wr						Presto			4655			
20e. METHOD OF DISPOSITIOH  20b. PLACE AND DATE OF DISPOSITIOH (Name p(cemetary, cremetary, cremetary) or other place)									- City of 100	vii, state		
4 Donation 5 Oth		IOTA IOTA	_ [ ] UHI (	, y - W d	asn.	Le	met.	//	6/93 F	urlo	CK.	Md. 2164
21. SIGNATURE OF FUHERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Williamson Funeral Home												
23. PART I. Enter the						MII	I I all	12011	runera	046	ille	
Sequentially list condification in the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	rediate YiNG	OUE TO	O (OR AS A COHSI	EOUENCE C	OF):	74	lon	r	2			
PART II. Other aignifi	-	d.	a death but not	reculting.	In the re	n el a ult el e		shop in	Dort I Day Was	AN AUTOPS)	V I 245	WERE AUTOPSY FINDING
- Cuter again	contract contract	na contributing to	o deedin but not	resulting		il deriyii		given	PEF	S 2 . NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 HO
25. WAS CASE REFERRED	TO MEDICAL					26. F	LACE OF D	DEATH (C)	heck only one)			
EXAMIHER?		HOSPITAL:	□ <b>co</b> /0	2 🗆 🗅	OTHE	R:/						
27. MAHHER OF DEATH		1 L Inpatient 2	ER/Outpatient	3 □ DOA 26b. TII			JURY AT	esidence	6 Other (Specify) 28d. DESCRIBE HO	W INJURY O	CCHBED	
	Pending tovestigation	(Month,	Day, Year)	IN	JURY M	1 🗆	ORK? YES 2[	] но				
3 Suicide 6 [	Could not be determined	28e. PLACE building	OF INJURY — At I	home, farm,	street, fac	tory, offi	Ce		26t, LOCATION (St City or Town, S	eet end Numb itate)	per or Rural R	toute Number,
(Crieda drilly -									e to the cause(a) and a time, date end plac			) end manner ee stated
29b. SIGNATURE AND TH	44	J pu	<b>)</b> .					ENSE HU				(Month, Day, Year)
RUBERT	B, S	ANCHEZ			e, Print)	12	Aus	e	750 Early		10 2	1601
JUL 14 19	93"	32. REGIST	ARS SONTO	EL,								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- Carried	an.	transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	4 hours after death, Page 6 may be retained by the hospital or attending physici	illed in by the funeral director, page 5 should be detached for use as the burial- n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Print 1.2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DI CER	EPARTMENT OF I	HEALTH AND M	ENTAL HYGIEN	E	22070
	1. DECEDENT'S NAME (First, Middle, Last)		T	2. DATE OF DEATH		3. TIME OF DEATH
	BETTY JENKINS MURPHY FILION			July 18		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest bin	thday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	A. BIR	THPLACE (State or Foreign ntry)
		YRS.		3-18-192	27 M	aryland
æ	9e. FACILITY NAME (If not institution, give street and number)		OR LOCATION OF DEAT		9c. COUNTY OF	DEATH
Ō.	Memorial Hospital	XXX	<u>K</u> Easto	n	Talb	ot
JE C		Oc. CITY, TOWN OR LOCA	TION			10d. INSIDE CITY
ā	Maryland Talbot	Easton				LIMITS?
MI	10e. STREET AND NUMBER	10	I. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	29352 4th Street		21601		USA	
FU	11. MARITAL STATUS 1 Never Merried 2 X Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO		ENDENT OF HISPANIC	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No — 14. RA	CE — American Indian, ick, White, etc.
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		2 NO Specify:			white
ED	15. DECEDENT'S EDUCATION 16a. DECED	DENT'S USUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUSTRY	
ĒT	(Specify only highest grade completed) (Give kille. Do  Elementary/Secondary (0-12) College (1-4 or 5 +)	ind of work done during mo NOT use retired.)	est of working			
COMPLETED	12 Bool	kkeeper		Airpo	rt	
00	17. FATHER'S NAME (First, Middle, Last)			(First, Middle, Malden S	Surneme)	
BE	Cecil Jenkins			Geoghegan		
5		AILING ADDRESS (Street			,,	
		352 4th St				
	1 Cremation 3 Removal from State Cemetery, cremator	DATE OF DISPOSITION (Ne bry or other place)			CATION — City or	A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ton Memoria 22. NAME AI	AL PAIK  ND ADDRESS OF FACIL	TY ROD	binsvil	e, New Jersey
		New	nam Funera	al Home, P	.A.	
	23. PART I. Enter the diseases, or complications that caused the death.	200	C Harris	on C+ E	anton	
	anock, or heart failure. List only one cause on each lina.	. Do not antar tha mo	da of dying, such a	na cardiac or reapir	atory arreat,	Approximata Intarval Between
	IMMEDIATE CAUSE (Final disease or condition	1	1	10		Onset and Death
	resulting in death)  Bue TO (OR AS A CONSEQUENT)	NCE OF):	5 gr	njecon	~	dyr.
z	C N	·	U	U		1 '
임	Sequantially list conditions, if any, leading to immediate	NCE OF):				
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury					
Ē	that initiated events DUE TO (OR AS A CONSEQUENT resulting in death) LAST	NCE OF):				
G	d					
AL.	PART II. Other significant conditions contributing to death but not result	Iting in the underlying	g cause given in Pa	ert I. 24a. WAS AN A		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20				_ 1 □ YES 37	1	COMPLETION OF CAUSE OF DEATH?
ME				_   _ /		1   YES 2   NO
PHYSICIAN: MEDIC						
O C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	ACE OF DEATH (Check	only one)		
4×S	1   YES 2   NO   1   Inpetient 2   ER/Outpatient 3   C 27. MANNER OF DEATH   286. DATE OF INJURY   28	DOA 4,8 Nursing Hom	e 5 🗆 Residence 8			
	Netural 5 Pending (Month, Day, Year)	INJURY WO	PRK?	8d. DESCRIBE HOW IN	JURY OCCURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, if			81. LOCATION (Street or	od Number or Burel	Roude Number
	8 Could not be determined building, etc. (Specify)			City or Town, Stete)	IO NUMBER OF FIGURE	HOUSE NUMBER
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death of	programed at the time date				
MO	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or inves					(e) end menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	100000000000000000000000000000000000000	29c. LICENSE NUMBE			D (Month, Day, Year)
) BE	State & Candons	6	8011	25	▶ 7-1	9-93
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	) (Type, Print)	0 - 10		/	1
	Stephen P. Carney, M.D., 509 Id	lewild Aver	we. Easto	m. MD 216	01	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE					
	JUL 20 1993 gradia Cavidion Rendal					1

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)	0.		200	1		2. DATE OF				3. TIME OF DEATH
	WILLIA	n KA	growp	+	LADV,	NG	MONTH	9	9	YEAR 3	10 P H
- 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E		Í	8. BIRTH	IPLACE (State or Foreign
- 7	214 32 9001	1 M 2 - F	58	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Da	7-36	4	Bow	ie Maryland
	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOWN C	OR LOCATION OF DE	ATH			ITY OF D	
S	13910 01101	rapel &	paul	- 1	Bo	WIE		į	Pela	rel	STORBE'S
DIRECTOR	RESIDENCE OF DECEDENT	/	· Dwo.			276		1	170	~ (~ (	CKOES
H	10e. STATE 10b. COUNT	1 -			, TOWN OR LOCAT						10d. INSIDE CITY LIMITS?
	MD KRI	UCOUTO	RGES	re	06016	=					1 X YES 2 NO
A	10e. STREET AND NUMBER	^.		1	101	. ZIP CODE		$\neg \neg$	10g. CITIZ	ZEN OF W	VHAT COUNTRY?
FUNERAL	13910 Old 0	Chapel	Roal			20	715		Un:	ited	States
3	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. ARM	#ED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (S	pecify Yee o		14. RACE	- American Indian
	Nover Married 2 Merried	FORCES?	1 ☐ YES 2 ☐ NO WAR OR DATES	0	If yes, sp	ecify Cuben, Mexican	n, Puarto Ricar	n, etc.)		Black	, White, etc.
BY	3 Widowed 4 Divorced	200.000		No	1	A	No			7	white
9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S I	USUAL OCCUPATION	ON .	16b. KJN	D OF BUSI	NESS/IND		
<u>-</u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT use	ork done during mo e retired.)	st or working					
Ē.	8		Nev	er E	mployed						
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (First, Middle	e, Meiden S	urname)	-	
BE	Martin E. Fladu	ıng				E11a	Kasper				
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street e	and Number or Rural R			State, Zip	Code)	
2	John E. Mullikir	1				napel Rd.					715
	20a. METHOD OF DISPOSITION				F DISPOSITION (Ne		OATE		ATION — (		
	1 ☐ Burial 2 🕅 Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	cemetery, crem	natory or oth	itan Cre	matory	JAIL				a Virginia
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		opoz.			CILITY				a viigilia
	Delat C	6.				O ADDRESS OF FAC Evans F					
	- Dount C	. Cltv	no m	es.	16000	Annapol	is Rd.	Bow	ie Ma	ary1	and 20715
	23. PART I. Enter the diseasee, or ehock, or heart feilure.	Complications the	at caused the das	th. Do no	ot entar tha mo-	de of dying, such	as cardiac	or respire	etory arre	est,	Approximata
	IMMEDIATE CAUSE (Final		ass on seci inte.		X						Interval Between Onset and Daath
- 1	disease or condition		- /								
- 1	resulting in death)	con	V0/51V	6	DISD	ruler	_				
	resulting in death)	a. COP OUE TO	OR AS A CONSECU	UENCE OF		rder					
N		a. DUE TO	O (OR AS A CONSECU	UENCE OF		ruer					
TION	Sequentially list conditions, if any, laeding to immediate	b	OR AS A CONSEOL		):	ruer					
ICATION	Sequentially list conditions, if any, laeding to immediate ceuse. Enter UNDERLYING	b. DUE TO	OR AS A CONSEOL	UENCE OF	):	ruer					
TIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO		UENCE OF	):	ruer					
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO	OR AS A CONSEOL	UENCE OF	):	order					
L CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CONSEQUENT)	UENCE OF)	): ):						
	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	O (OR AS A CONSEQUENT)	UENCE OF)	): ):			. WAS AN AI	UTOPSY IED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CONSEQUENT)	UENCE OF)	): ):		Part I. 24a	. WAS AN AI PERFORM	ED?	24b.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	lay be retained by the hospital or attending physician.
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceed	page 5 should be detached for use as the burial-transit permit. Page 10 a page

examiner must be notified at

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should it		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified :
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1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Alfred A. Flori 8 1993 July 11:50 P.M.M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 204 16 6353 15€XM 2 □ F 68 May 1925 Windber Pa. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince Georges Prince Georges Hospital Center Cheverly RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Bowie 1 XXES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10c. CITIZEN OF WHAT COUNTRY? 7100 Old Chapel Drive 20715 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 X XYES 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify ВY 3 Widowed 4 Divorced No White WWIT and Korean COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Manager Property Management 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Louis Flori Suzanne Hamzik BE 19e. tNFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Catherine J. Flori 7100 Old Chapel Drive Bowie Maryland 20715 20e. METHOD OF DISPOSITION
1% Pauriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Sacred Heart Church Cemetery Bowie Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rober Beall-Evans Funeral Home, P.A. bung 16000 Annapolis Rd. Bowie Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, auch as cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on asch lina. Interval Between IMMEDIATE CAUSE (Final disease or condition reaulting in death) MEDICAL CERTIFICATION Sequentially list conditions, AS A CONSEQUENCE OF if sny, leading to immediate cause. Enter UNDERLYING mar CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the Underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO etlent 2 - FR/Outpetient 3 - DOA e 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 2 Accident PLACE OF INJURY — At home, ferm, building, atc. (Specify) street, factory, office 3 Sulcide 28t. LOCATION (Str. **Bural Route Numbe** COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) and manner as stated. BE 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) taca 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6570 EAD PIVERPALE MY 32. REGISTRAR'S SIGNATURE

va hurdson-handelle

BALTIMORE,	irs after death. Page 6 may be	n by the funeral director, page removal.	edical examiner must be
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be i

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEI REG. NO		3 2	2599
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			IME OF DEATH
	Claude	(D) - 70	with a	user	- a-	S- 2	MY G Z Y	EAR -	3:08pm
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLAC	E (State or Foreign
	578302823	2 □ F	6.5 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Dey, Year) 8 20 2		Country)	ngton, DC
	9a. FACILITY NAME (If not institution, give street	t and number)	91	a. CITY, TOWN C	PR LOCATION OF D	0 001 -	9c. COUNTY		
TOR	Washington Adv	ventist H	osp.		1	LVK		tgon	
DIRECTOR	10a. STATE 10b. COUNTY	e Georges	111111111111111111111111111111111111111	OWN OR LOCAT					INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3001 Queens	inapel Rd		101	ZIP CODE	-	U.S.		COUNTRY?
5	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	e or No — 14	. RACE - A	mericen Indien,
à	1 Never Merried 2 Merried 3 WWidowed 4 Divorced	FORCES? 1 X YES			2 NO Specif	n, Puerto Rican, atc.)		Black, Wh Specify:	White
ETED	15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BU	ISINESS/INDUS	TRY	
ᄪ	(Specify only highest grade con Elementary/Secondary (0-12)	npieted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo stired.)	st of working				
	12		Meat Cut	ter		Food			
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maldel	Sumama)		<del></del>
	Claude William Fun	khouser. Si				atherine I	,		
BE	19e. INFORMANT'S NAME (Type/Print)	initiouser, pr		DDESS /Street a		Route Number, City or To		4.3	
2	Claude Wm. Funkhou	ser III				#104, Gree		•	20770
	26e METHOD OF DISPOSITION 1 No Burial 2 Cremation 3 Removal	I from State com	PLACE AND DATE OF D	ISPOSITION (Ne	me of	OATE 20c. L	OCATION — City	or Town, S	itate
	4 Donation 5 Other (Specify)	Sm	ithsburg I	Luthera	n Cemete	ry 7/13/9	3 Smith	sbur	g, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22, NAME AN	ID ADDRESS OF FA	CILITY			
N N	1 Vach X	14	/			's Sons Fu			
5	23 DANS Enter the diseases of the	nen	1	4739 1	Baltimor	e Avenue,	Hyatts	$vill\epsilon$	, MD
	23. PART I. Enter the diseases, or com shock, or heart failure. List	t Dnly Dne cause Dn e	ach ilne.	antar tha mo	de of dying, suc	h aa cardiac or resp	olratory arrea	t,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final		5			C-			Onset and Death
	disease or condition resulting in death) a		an Dio.	000	Julan	225	Ros	0	
		OUE TO (OR AS A	CONSEQUENCE OF):				_	1	
NO	Sequantially list conditions, b	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	if sny, laading to immediata cause. Entar UNDERLYING CAUSE (Disesse or injury								
RTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
5 8									
A	PART II. Other significant conditions c	ontributing to death be	ut not resulting in t	he undarlying	cause given in	Part I. 24a. WAS AI	AUTOPSY		E AUTOPSY FINDINGS
MEDICAL						1 YES		COM	LABLE PRIOR TO PLETION DF CAUSE
Ų									YES 2 NO
						_		'-	TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF BEATH #05				
2	EXAMINER?	OSPITAL:		THER:	ACE OF DEATH (Ch				
5   ≥	27. MANNER OF DEATH	28e. OATE OF INJURY				8 Other (Specify)			
ВУ Р	Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF	WO		28d. DESCRIBE HOW	INJURY OCCUR	ED	
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	k, factory, office	,	281. LOCATION (Street City or Town, State		Rural Route	Number,
COMPLETED									
P.		N: To the best of my knowl							
ő	MEDICAL EXAMINER: C	On the beele of examination	and/or investigation, is	n my opinion, de	eath occured at the	time, data end place, e	nd due to the c	euse(e) and	menner se stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	IBER	29d. DATE S	GNED (Mon	th, Day, Year)
0	The second	Sand		The	200	1425	<b>&gt;</b>		52
10	30. NAME AND ADDRESS OF PERSON WHO CO	OMBI ETED CAUSE OF DE	ATHERE AT A TOTAL OF	-0		2010		-7	2

2218

ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Jandole

31. DATE FILED (Month, Day, Year)
JUL 1 2 1993

Ace

- STATE REGISTRAR	OINIE OI	C	ERTIF						G. NO.	-			
. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF DI	EATH DAY	,	YEAR	3. TIME OF	DEATH
RUTH R.	FORD			: -				JULY	09	1	993	5:35	Α
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BI	RTH		8. BIRTH	PLACE (State	or Foreign
579-40-3994	1 M 2 XF	79	YRS.	MONTHS	DAYS	HOURS	MIN.	3/13/1	(4)		P.G	y)	, Md.
a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	EATH		9c. COL	NTY OF D	EATH	
PRINCE GEORGE'S HO	DSPITAL	CENTER		CHE	VERL	Υ				PRI	NCE (	GEORGE	t S
DECIDENCE OF DECEDENT													

			RUTH R.	FORD				2, DATE OF DEATH MONTH D	AV YE	
			4. SOCIAL SECURITY NUMBER 579-40-3994	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 / 1 3 / 1 4	8. B	BIRTHPLACE (State or Foreign Country)
	1000	AC .	98. FACILITY NAME (If not institution, give street PRINCE GEORGE'S HO			96. CITY, TOWN CHEVERL	OR LOCATION OF DE		9c. COUNTY	G. Co., Md.  OF DEATH  E. GEORGE <sup>†</sup> S
A STATE OF	7	رز	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10- OTTV	TOWN OR LOCA	7101			
1000	nit. Page	DIRECTOR	Md.	P.G.			Hgts.			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ć.	ansit per	FUNERAL	1879 Tanow Pl	•		10	2074	3		OF WHAT COUNTRY?
.; MARYLAND 21215-0020 be retained by the hospital or attending physician.	detached for use as the burial-transit permit.	B	11. MARITAL STATUS  1 Never Merried 2 Married  3 🔀 Wildowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 🔀 NO	If yes, s	cendent of Hispai beelfy Cuban, Mexica 3 2X XNO Specifi	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) y:	-   '	RACE - American Indian, Black, White, atc. Specify: Black
21219 oital or atten	d for use as	COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	life. Do NOT use	rk done during m retired.)	ON ost of working	16b. KIND OF BU	SINESS/INOUSTR	RY
ANG.	detache once.	NO	17, FATHER'S NAME (First, Middle, Last)		Home	maker	18 MOTHER'S NA	OWN I		
YL)	at be	ш	Henry Harpe	r				Hattie Bi	,	
MARYLAND retained by the hospit	5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City or Tow	n, State, Zip Code	0)
E S	page 5	-	Annie E. Pinkne					ap. Hgts.		20743
ORE 6 may	director, p		20a, METHOD OF DISPOSITION  1	ral from State cerr	PLACE AND DATE OF setery, crematory or other	er place)		1	CATION — City o	
E SE			21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	larmony	22 NAME A	NO ADDRESS OF EA	CILITY	andove	
BALTIMORE, after death. Page 6 may be	the funeral di val.		· Sarry	N. Si	att			gton & So ughs Ave.		c.
24 hours	pletely filled in by th cremation, or remova rent, the medical		23. PART I. Enter the disease, or co ahock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	emplications that caused ist only one cause on a	I the death. Do no	t enter the mo	oda of dying, auc	h as cerdiec or respi	ratory arrest,	Approximate interval Between Onset and Death
X 68760, executed within	sician and completely nor to burial, cremat traumatic event, I	NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	eval	Fai	luro		
S, P.O. BO)	inding physicia Hyglene prior or other trai	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	1 25	rters	maga	2	
47	y the atter d Mental injury, o		DART II Other cignificant and distant		alar	ana	c Ng	est v		
RECORD requires that the	een signed by the of Health and In	MEDICAL	PART II. Other algorificant conditions	belie	Media India	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
E e	has been Dept. of n 23 sho									1 YES 2 NO
VITAL	State De	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (Ch	eck only one)		
- VI	ertif	PHYS		Inpatient 2 ER/Outp	atlent 3 DOA 4	☐ Nursing Hon	-	8 Cher (Specify)		
N OF	After this of death with s marked,	BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME INJUI	WC WC	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURE	ь
DIVISION OF VITA	after d	ETED	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, atc. (Spec	— At home, ferm, str ify)	eet, factory, offic	**	28f, LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
DIN HOSPITAL DR	로 얼 도	COMPLI	One) 2 MEDICAL EXAMINER	AN: To the best of my know! On the basis of examination						use(s) and menner as stated,
黑	THE FUNEF DE THE WITHIN	O BE	296. SIGNATURE AND TITLE OF CERTIFIER SAM	of al	lan		29c. LICENSE NUM	42)4	29d. DATE SIG	NEO (Month, Day, Year)
1.00	17%	- II	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLER OF DE	THE STREET OF STREET	-1-41				

		10.	101.
Sam		lan	(12(12
-01/11/1	V /A		11541
 - 6 6 6 6		121200	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sam

Tellawi, M.D. 14300 Gallant Fox Ln., Bowie, Md. 31. DATE FILED (Month, Dey, Year)

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A.	1000	PC()	<b>%</b>
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			Sage

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR			CERTIF	ICATE (	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	CHARLE	S FRAI	NKLIN	FRY		2. DATE OF MONTH	DEATH DAY	190	93 YEAR:	3. TIME OF DEATH 12:20 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs.	last birthday)	IF UNDER 1 YE		7. DATE OF	SIRTH	/ /	8. BIRTH	IPLACE (State or Foreign
	216-14-6572	1 🕅 M 2 🗆 F		79 YRS.	MONTHS DA	YS HOURS MIN.	(Month, a) 11/13	/1913	۱ I	Mars	n land
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b, CITY, TO	WN OR LOCATION OF D		71713	9c. COUN		
œ	Citizens Nursing	Homo			Frede						
DIRECTOR	RESIDENCE OF DECEDENT	nome			Frede	erick			Fred	eric	i k
Ĭ	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LA	CATION					10d. INSIDE CITY
늗	Maryland Fred	erick		Thu	rmont						LIMITS?
	10a. STREET AND NUMBER	oz zon		THE	THOIL	10f. ZIP CODE			10a CITI	ZEN OF Y	VHAT COUNTRY?
2	32 Walnut Street										
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT &	7/50 14 /			21788				. S.A	
	1 Never Married 2 Married	FORCES? 1	YES 2		13. WAS	DECENDENT OF HISPA I, specify Cuban, Mexic	NIC ORIGIN? (5 nn, Puerto Rica	Specify Yes in, etc.)	or No	14. RACE Black	American Indian, C, White, atc.
à	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗆	YES 2 XNO Speci	ly:			Speci	White
	15. DECEDENT'S EDUC	ATION	160	DECEDENTS	USUAL OCCUI	MTION	401 40	ND OF BUS		10.000	WILLE
ETED	(Specify only highest grade	completed)		(Give kind of v	vork done during	most of working	166, 10	ND OF BUS	INESS/IND	USTRY	
ا ټ	Elementary/Secondary (0-12) 11 years	College (1-4 or 5+)	- 1								
COMPL	17. FATHER'S NAME (First, Middle, Last)			Cabine	t Make					ing	Company
_ 4						18. MOTHER'S NA					
H H	Robert Ellsworth	Fry				Ethel					
2	19a. INFORMANT'S NAME (Type/Print)					eet and Number or Rural					
	Floyd E. Fry			32 Wa	1nut S	treet, Th	urmont	, Mar	ylan	d 21	788
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Remo	val from State		CE AND DATE O	F DISPOSITION	N (Name of	DATE	20c. LOC	ATION C	City or To	wn, State
Į.	4 Donation 5 Other (Specify)		Rest	haven	Memori	al Garden	s 7/3	Fre	deri	ck,	Maryland
- 1	21. SIGNATURE OF BUHERAL SERVICE LICE	ENSEE				E AND ADDRESS OF F					
- 1	1 X145 Y	- 1	111								OMES, P.A.
7	23. PART I. Enter the diseases, pro-	omnilications that c	aused the	death Do s	1ZUI	NORTH MA	KKEI S	I. FR	EDEK	TUK,	
1	snock, or neart failure. L	lat only one cause	on each II	ine.	or other the	mode of dying, sur	ar as carurac	or reapir	atory arri	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Pal	1.00	000	0						Onset and Death
	resulting in death)	DUE TO 10	alac	w	wit						2 minutes
		DUE 10101	< CLI	SEQUENCE OF	01	Acres					15/1
5	Sequentially list conditions,	DUE TO 40	>CV /	). W	qu un	qua.					159
<b>T</b>	if any, leading to immediate cause. Enter UNDERLYING	Ne	hatth	7.A		8					1 10 150
음	CAUSE (Disease or Injury that Initiated events	DUE TO 10	R AS A CONT	REQUENCE OF	n e						1 MIDICAL
₹	resulting in death) LAST	76	and	8000	7						1 1
CERTIFICATION		- 5	ayer	SECULE I	1						1
	PART II. Other significant conditions	contributing to de	eath but no	t resulting i	n the under	ying cause given in	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL TAL							1.	PERFORI			AVAILABLE PRIOR TO COMPLETION DF CAUSE
ш							_   '	☐ 1E3 2	W NO		OF DEATH?
3							_			1	1 TES 2 NO
{	25. WAS CASE REFERRED TO MEDICAL				34	S. PLACE OF DEATH (C)	ack only one)				
PHYSICIAN	EXAMINER?	HOSPITAL:	B/Outestant	2 000	OTHER:			177			
	27. MANNER OF DEATN	28e. DATE OF IN.		3 DOA		Home 5 Residence		-	HIEV OCC	UDES	
7	1 Netural 5 Pending	(Month, Day,	Year)	INJ	URY	WORK?	28d. DEŞCRI	IBE HOW IN	JURY OCC	URED	
2	2 Accident Investigation	28e. PLACE OF II	M H HENV AA	Dame from a		YES 2 NO					
3	3 Suicide 6 Could not be 4 Nomicide determined	building, etc	(Specify)	nome, sarm, s	treet, ractory,	MICO	26f, LOCATIO	DN (Street ar own, Stele)	nd Number	or Rural F	loute Number,
ij	29e. CERTIFIER					_					
Į	(Check only										
COMPLETED	2 MEDICAL EXAMINER	t: On the beste of exam	ntnation and/	or investigatio	n, in my opinio	n, death occured at the	time, date end	d place, end	due to the	ceuse(e	end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	0				29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
	1 Semera Vi/Cum	ias.				01241	79		<b>▶</b> (),	10, 7	1992
2 ∦	30. NAME AND ADDRESS OF PERSON WHO								1/100	10	
	B.O. Thomas Jr. M					Frederic	k, Mar	y1and	217	Ó1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S								_	
	JUL 0 2 1993	Julia Day	vidson-1	gandelle	•						
11											

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Item ?

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28 is marked,

IMPORTANT:

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signed by the attending physician and completely hiled in by the I Health and Mental Hyglene prior to burial, cremation, or removal. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pt. of F this certificate has be with the State Dept. After 1 DIRECTOR: Jours after of FUNERAL DIRECT within 72 hours a

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 93 William Nathanial Faulkner July 10 9:01 рм 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1- M 2 | F 216-12-1771 YRS May 4, Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Memorial Hospital at Easton Easton TA1bot RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Caroline Greensboro 1 YES 2 XNO 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY Dutchmen's Lane 21639 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cubert, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) 5 yrs None Farmer Farming 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) William Nathaniel Faulkner Bessie Lee Wooters BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Lois B. Faulkner Box 57-6 Greensboro Heights, Greensboro, MD 21639 20e. METHOD OF DISPOSITION

1 🔾 Burlal 2 🗆 Cremation 3 🗆 Ben 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State cemetery, crematory or other place) Concord Cemetery ☐ Donation 5 ☐ Other (Specify) 7/14 Denton, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAL HOUE, P.A. Dentem Med 21629 RAWERB 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellyre. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finai Onset and Death mocardial infactions disease or condition 1hz resulting in death) DUE TO (OR AS A CONSEQ U PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events QUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO nt 2 ER/Outpatient me & Besidence 6 - Other (Specify) DOA 4 - Nursi 27. MANNER OF DEATH 26e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER
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One 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Oby, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Jelechen 4/503 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print 720 162 on 31. PARE FILED (Month 37) 132. REGISTRAR'S SIGNATURE a Davidson-Randole

		FOR 1 - STATE REGISTRAR		STATE OF	MARYLA			RTMENT				MENTAL HYGIEN	E	3 2	2603
		1. DECEDENT'S NAME (First,	L	GAS	scoyi	Dan		John				2. DATE OF DEATH MONTH D	AY	YEAR 3	3. TIME OF DEATH
3		4. SOCIAL SECURITY NUMB  213-66-1891  90. FACILITY NAME (If not in		5. SEX 1 M 2 F	6. AGE (In		birthday) YRS.	IF UNDER MONTHS  9b, CITY,	DAYS	HOURS OR LOCATION	MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 28, 1		Country)	
	CTOR	Suburban Ho	spital						thes				30.00	ntgome	
	DIRE	Maryland		v ontgomery	<u> </u>		_	r, town o		TION					Od. INSIDE CITY LIMITS?  YES 2 X NO
an. transit permi	FUNERAL	7316 Blanch								2085	55		U.S	A.	AT COUNTRY?
1215-0020 or attending physician. r use as the burial-transit	BY	11. MARITAL STATUS  1  Never Married 2  3  Widowed 4  Divo		12. WAS DECEDER FORCES? IF YES, GIVE Y	1 YES	2 XN		1	If yea, spe	ENDENT Code	n, Maxica	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No—	14. RACE - Black, 1 Specify:	- American Indian, White, atc. White
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oy the hospital of the detached for at once.	COMPL	12 17. FATHER'S NAME (First, Mi John B. Gas				Se	curi	ity T	echr	18. MOTI	HER'S NA	ME (First, Middle, Maiden		Co.	
MAR retained to 5 should	TO BE	190. INFORMANT'S NAME (7)  Jane S. Gas	Type/Print)							nd Number	r or Rural F	Suppes  Route Number, City or Tow  erwood, MI			
I I MORE,  Page 6 may be ral director, page		20a. METHOD OF DISPOSITI 1 Burlet 2 Trematio 4 Donation 5 Other	10N on 3 🗆 Rame	oval from State	ceme	PLACE AN	ND DATE (	OF OISPOSI	ITION (Na	ama of			CATION —	City or Town	
EAL IIIN ter death. Pag the funeral dir wal.		21. SIGNATURE OF FUNERAL	L SERVICE LI	ENSEE	)			22. 1	NAME AN	NO ADDRES	SS OF FA	PArk Drive	Fune	ral F	lome
within 24 hours aft nitited in by cremation, or remover, the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control		23. PART I. Enter the dishoot or his immediate CAUS: His disease or condition resulting in death)	eart failure.	Liet only one car	Use on aad	ich lina.		not enter	the mo	de of dyl	ing, auci	acute	ratory en	reat,	Approximata interval Between Onset and Death 2 hours
ficate be physician be prior in	CERTIFICATION	Sequentielly list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or Injurthst initiated events resulting in death) LAS	diete ING Iry	oue to	O (OR AS A C	CONSEQU	UENCE O	F):	ebs	iell	٩			10.	2 weeks
NECORD:  w requires that the been signed by the it. of Health and M shows any Inju	MEDICAL	sundron	depen	on bory	tope	nia	me he	lite	nop us,	hili Nép	a f	PERFOR	IMED?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?  XYES 2 \( \text{NO} \)  RYTICALLY
SICIAN: The lace certificate has the State Dept. the State Dept. or Item 23	YSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	) MEOIQAL	HOSPITAL:		_		-	R: ning Home	a 5 □ Re		8 Other (Specify)			
R star B	ву РНУ	2 Accident	Pending Investigation	28a. DATE OF (Month, D	A A		7,00	M	1 🗆 Y	YES 2	] NO	28d. DESCRIBE HOW I			
ON STENDING OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	4 Homicide	Could not be datermined		, atc. (Specif)	fy)						281. LOCATION (Street a City or Yown, State)			te Number,
THE HOSPITAL O THE FUNERAL DI filed within 72 ho PORTANT: If 18	COMPL	(Check only	ICAL EXAMINE	R: On the beals of a						eath occur	red at the	to the cause(a) and mar time, data and place, an	d due to th	ie cause(a) a	
TO THE De filed MPOR	TO BE	30, MAME AND ADDRESS OF	Sky		HD					29c. LICE	26	992	29d, DAT	H21	prith, Day, Year) 93
10		31. DATE FILED (Month, Day, 1)	5. 1	IRWIN	MD	10	1400	o Con	<u> </u>	Ave	. Ke	insing to w	, M	20	895
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TO BE COMPLETED BY FUNERAL DIRE	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	O BE CO
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	MPORTANT
e funeral director, page 5 should be detached for use as the burial-transit permit in the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit is be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNEF
death. Page 6 may be retained by the hospital or attending physician,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICATE OF DEATH	REG NO

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA	MENT OF H	EALTH AND	MENTAL HYGIEN		22004
1. DECEDENT'S NAME (First, Middle, La	net)				2. DATE OF DEATH		3. TIME OF DEATH
ROBERT	WAYNE	GR	RANSKI		JULY 20		B 11:45 A M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B.	BIRTHPLACE (State or Foreign Country)
224 23 2580	1 🕅 M 2 🗌 F	25 YRS.		111111	July 10, 1		/irginia
9s. FACILITY NAME (If not institution, gi				R LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
PHYSICIANS MEMO	RIAL HOSPITAL	I	A PLAT	A		CHAR	LES
10a. STATE 10b. COU	INTY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
Virginia Fai	rfax	Spr	ingfie	ld			1 TYES 2 X NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
6217 Apache Stre				22150		USA	
11. MARITAL STATUS  1 X Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 ANO	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No- 14.	. RACE — American Indian, Black, Whita, alc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specif			Specify: Vhite
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF BU		
(Specify only highest gi	College (1-4 or 5+)	(Give kind of work life, Do NOT use re	done during mos stired.)	at of working	Ì		
12		Gardener/	Mechani	ic	D.C. G	overnm	ent
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
Vincent Joseph	Granski				Anne Powe		
19a. INFORMANT'S NAME (Type/Print)	1 *				Ploute Number, City or Tow		/
Vincent J. Gran		6217 AT			ngfield, \		
1 Burial 2 1 Cremation 3 R	amoval from Stala cerr	netery, crematory or other	place)		1		or Town, Stata
21. SIGNATURE OF SCHOOL RAL SERVICE	LICENSEE	unt Comfor	22. NAME AN	D ADDRESS OF FA	CILITY		i, viiginia
Konald	To Kante		Dema	ine Fune	ral Homes,		
	To a complications that				Virginia		
	re. List only one cause on e	ach line.	anter tha mod	te of dying, auc	h aa cerdiac or respi	ratory erreat	Approximate Interval Between
IMMEDIATE CAUSE (Finei disease or condition	Decuis	1					Onset and Death
resulting in death)	a. DUE TO (DR AS A	ONSEDUENCE DE					Minudes
Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS A	CONSEDUENCE DF):					
CAUSE (Disease or injury	c						
that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE OF):					
	d						
PART ii. Other aignificent condit	iona contributing to deeth b	ut not resulting in t	he underlying	ceuse given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
					1 TES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. PL	ACE OF DEATH (Ch	eck only one)		
YES 2 ND	1 Inpetient 2 ER/Outp	ettent 3 DOA 4	Nursing Homa		6 Other (Specify)		
1 Natural 5 Pending	(Month, Day, Year)	266. TIME OF	WOR		28d DESCRIBE HOW I	NJURY OCCUR	ED
Accident Investigation	28 PLACE OF INJURY	- At home, farm, stree		ES 2 DAND	261. LOCATION (Street )	OOK Number or 6	Dural Bouts Number
4 Homicide 6 Could not detarmined		Poto mac			City or Town, State)	Mary	Aural Node Number,
29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my knowl			and place and due		1 100	IMM
(Check only one) 2 MEDICAL EXAM	INER: Of the basis of axamination	and/or investigation, is	n my opinion, de	eth occured at the	to the cause(s) and mar time, data and place, an	iner as stated. d due to the ca	suse(s) and marrier as stated.
296. SIGNATURE AND TITLE OF CERTIF							
296. SIGNED WHE AND TITLE OF CHRITMER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Morith, Day, Year)  7 20/8 2							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PO BOX 1647							
HOWARD M. HAFT,	M.D.				LAND 20604	1	
31. DATE FILED (Morith, Day, Year)	Julia Davidson-R	MOUSE					

1

7:30

8. BIRTHPLACE (State or Foreign

Pennsylvania

DM

YEAR

9c COUNTY OF DEATH

1993

1931

REG. NO 2. DATE OF DEATH DAY

July 17,

7. DATE OF BIRTH (Month, Day, Yber) Oct. 15,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760. HOSPITAL

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MEDICAL CERTIFICATION

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R: After this cer or death with the is marked, (

DIRECTOR: After the hours after death vitem 28 is mark

FUNERAL WITHIN 72 H

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Thomas Breen Gorman A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 - F HOURS YRS. 214-96-7944 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH Circle Manor Nursing Home Kensington RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring 10e. STREET AND NUMBER 10f. ZIP CODE 521 Bonifant Street 20910 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC OF 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 X NO Specify: 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 2 None 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (F

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Kensington M					Montgomery				
	own on Local	Spring					LIMI	DE CITY TS?	
	10	of. ZIP CODE	_		10g. CIT	IZEN OF W	HAT COU	NTRY?	
		20910			Un	ited	ted States		
ARMED  13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuben, Mexicen, Pus 1   YES 2   NO Specify:									
DECEDENT'S USI (Give kind of work life. Do NOT use re	done during m		16b. KIN	D OF BUS	INESS/IN	DUSTRY			
Non	е		N	ot A	opli	cable	:		
		18. MOTHER'S NAME (F	irst, Middl	e, Maiden S	Surname)				
		Emily	н. н	imme.	lbac	h			
19b. MAILING AD	DRESS (Street	and Number or Rural Route	Number, C	City or Town	, State, Zij	Code)			
1222 St	ate Ro	ad, Moness	en,	Penn	sylva	ania	150	062	
ceand date of d cremetory or other dview C	place)		/93			city or Town	and the same	vania	
0831 encl	Rober Bethe Avenu	th A. Pumph esda-Chevy e, Bethesd	rey i	Fune: e, Ir aryla	ral l	Home/ 7557 2081	Wis 4-35	consin	
daeth. Do not Ina.		ode of dylng, such ea					App	proximate arval Between set and Death	
							1	month	

Sequentielly list conditions. If any, laeding to immediata CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Joseph W. Gorman

20a. METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 Removal from State

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

19e. INFORMANT'S NAME (Type/Print)

4 Donation e D Other (Specify)

Darbara

**IMMEDIATE CAUSE (Final** 

disease or condition

resulting in daeth)

Clarita Billick

DUE TO (OR AS A CONSEQUENCE OF):

23. PART I. Enter the diseases, or complications that caused the daeth. Do not anter tha mode of dying, such ea

Pneumonia

ahock, or haart fallura. List only one cause on each line.

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part 1. Down's Syndrome Alzheimers Disease

24s. WAS AN AUTOPSY PERFORMED? 1XX YES 2 □ NO

24b. WERE AUTOPSY FINDINGS AWAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 

26. PLACE OF DEATH (Check only one) HOSPITAL: QTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 6 - Other (Specify)

20b. PLACE AND DATE OF DISPOSITION (Name of

Grandview Cemetery

M00831

aurence

27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident

6 Could not be determined

1 YES 2 NO

3 Suicide

4 Homicide

28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26e. PLACE OF INJURY — At home, farm, street, fectory, office

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

29c. LICENSE NUMBER

D09834

261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)

29d. DATE SIGNED (Month, Day, Year)

July 19, 1993

29e. CERTIFIER (Chack only 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee atsted.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 290. SIGNATORE AND TOLE OF CERTIFIES

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Barry N. Rosenbaum, M.D. 3720 Farragut Avenue, Kensington, Maryland 20895-2110

31. DATE FILED (Month, Day, Year) 2 1993 2

July Day don Hanting



use as the bunial-transit ours after death. Page 6 may be retained by the hospital or attending physician. ò director, page 5 should be detached once. notified at pe must examiner the funeral filled in by the fion, or removal. other traumatic event, the medical and completely fille burial, cremation, HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DRECTOR: After this certificate has been signed by the attending physician an hours after death with the State Dept. of Health and Mental Hygiene prior to t item 28 is marked, or item 23 shows any injury, or other trauma

BALTIMORE, MARYLAND 21215-0020

REG. NO 1. DECEDENT'S NAME (First, Middle, Lost) 2. DATE OF DEATH LDE Ot 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. MARCH 24, 1900 577-42-8354 1 M 2 K F ILLINOIS 93 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HEBREW HOME OF GREATER WASHINGTON ROCKVILLE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MONTGOMERY CHEVY CHASE MARYLAND 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5480 WISCONSIN AVENUE 20815 UNITED STATES 11, MARITAL STATUS 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, stc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO 14. RACE — American Indian. Black, White, etc. 1 Never Married 2 Married IF YES. GIVE WAR OR DATES BY Specify: WHITE 3X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOMEMAKER OWN HOME 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) LOUIS YATES SEGEL IDA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GORDON GOLDER 11602 GREENLANE DRIVE - POTOMAC, MD. 20854 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State KING DAVID MEMORIAL GARDEN 7/20 FALLS CHURCH, VIRGINIA 4 Donation 5/1 Other (Specify) FUNERALISERVICE LICE DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE - ROCKVILLE, MD. 20852 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximeta ahock, or haart fallure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Final Onaat and Death disease or condition reaulting in death) INFARCT CERTIFICATION Sequantially list conditiona, QUE TO (OR AS A CONSEQUENCE OF) if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initietad events reaulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE neumonia 1 YES 2 NO DF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL 4 4 1 | Inpatient 2 | ER/Outpatient 3 | DOA irsing Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, 296. SIGNATURE AND TITLE OF CERTIFIED BE 29d. DATE SIGNED (Month, Day, Year) Physician 5084 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 010 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S 2 n 1993

FUNERAL WITHIN 72 h IMPORTANT: If

THE FIELD

223

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

AND BULLIAK

(A.1865) (SA

4 = C 84 /21/40

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physic	filled in by the funeral director, page 5 should be detached for use as the buria on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

must be notified at once,

examiner

the medical

event,

or other traumatic

Item 23 shows any injury,

0

28 is marked, BY

TO THE HOSPITAL OF TO THE FUNERAL DE BIED WITHIN 72 ho

COMPLETED

BE

2

27.

4 Homicide

93 22607 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10 00 ElMA JRRENWOOD G 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 | M 2 | X F HOURS 186-01-4000 May 8, 1900 New York 9a. FACILITY NAME (# 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DISON DIRECTOR MONTGOMERY RESIDENCE OF DECEDENT 10b, COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Gaithersburg 1 X YES 2 NO Montgomery FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 201 Russell Ave. 20877 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES ΒY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Executive Secretary National Council of Churches 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Laroy S. Greenwood Catherine Crossman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ၀ George R. Greenwood P.O. Box 265, Tyrone, 88065 N.M. 20s. METHOD OF DISPOSITION
1 Burial 2 M Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Metropolitan Crematory 7/20 Alexandria, Virginia 21. SIGNATURE OF FUNERAL SERVICE ACCENSES 22. NAME AND ADDRESS OF FACILITY De Vol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD 20877 23. PART I. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate** hock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) a. Arterio Scherotic DUE TO (OR AS A CONSEQUENCE OF) Heart Disease 5 years MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE Cerebral arteriosclerosio 1 - YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25.

			_	
WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	theck only one)	_
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	□ DOA 4 Nursing Home 5 □ Residence	8 Other (Specify)	
MANNER OF BEATH    Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED	
3 Suicide S Could not be	28e. PLACE OF INJURY — At horbuilding, etc. (Specify)	me, farm, street, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated.

296. SIGNATURE AND TITLE OF CERTIFI 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER

mo

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

B. 207 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE the Davidson-Randell 23 1993

DHMH-18 Rev 1/89

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICATE	OF DEAT	Ή	REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF (								3. TIME OF DEATH
	Helen M. Garramone						July 17		3 3:43 A.M. M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birth				7. DATE OF BIRTH (Month, Day, Year)	a.	BIRTHPLACE (State or Foreign Country)
	127-12-4111	1 □ M 2 🏋 F	82 Y	RS. MONTHS	DAYS HOURS	MIN.	pril 4,19		lew York
~	9a. FACILITY NAME (If not institution, give str			9b. CITY, T	OWN OR LOCATIO	ON OF DEAT	гн	9c. COUNTY	OF DEATH
0	Holy Cross Hospita	al		Silve	r Sprin	g		Montg	omery
DIRECTOR	10e. STATE 10b. COUNTY		100	CITY, TOWN OR	LOCATION				10d. INSIDE CITY
뜸	none non	e			on, D.C				LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE			10a. CITIZEN	OF WHAT COUNTRY?
8	4607 Connecticut	Ave., N.W	•	20008			US		Will book in
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. W	S DECENDENT OF	F HISPANIC	ORIGIN? (Specify Yea		RACE American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [	OR DATES	lf )	es, specify Cubar	i, Mexican, I	Puerto Rican, atc.)		Black, White, etc.
									White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kin	NT'S USUAL OCC	UPATION ing most of working	7	16b. KIND OF BUS	INESS/INDUST	RY
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)		OT use retired.)			,		
W	17. FATHER'S NAME (First, Middle, Last)		Claim	Clerk	I Browness				ills,D.C.
	Leonard Garramor	16					:(First, Middle, Maiden : itago	Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)	10	195 MA	ING ADDRESS (			ite Number, City or Town	On to 710 On	
2	Andrew D.Geremia		570		Avenue		verdale,M		
	20a. METHOD OF DISPOSITION		20b. PLACE AND D			KI	DATE 20c. LOC		
	1 🗵 Burial 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗀 Other (Specify)	val from State	comptent cramator	or other place!		****			Spring, Md.
1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE //	1	22. NA	ol Fune	S OF FACIL	מ ככן דב ק	TIVEL	spring, ma.
	> (1/2 E	().11.1							20007
	23. PART . Enter the diseases, or co	omolications that c	sugar the death	Do not enter th	ZZ W1SCC	nsin	Avenue, N	.W. Wa	shington,D.C.
	snock, or neart failure. L	ist only one cause	on each line.	oo not enter ti	e mode or dyn	ry, such a	is cardiac or reapir	atory srrest,	interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  e CARDIAC MRRS.								
1	reaulting in death)	DUE TO (OF	AS A CONSEQUENCE	E OF):					
z		MaTERI	0 1 66880	ric h	000	1,10	w.c.o		į
CERTIFICATION	If any, leading to immediate	DUE TO (OP	AS A CONSEQUENC	E OF):		7 9 6	100		
S	CAUSE (Disease or injury								
늗	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENC	E OF):					
<b>E</b>	d.								
<u>_</u>	PART II. Other aignificant conditions	contributing to de	ath but not reault	ng in the unde	riying cause g	iven in Pa	irt i. 24a. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	CONGESTIVE						PERFORI	10.5	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	DROADIC BR	1	-				1 🗆 YES 2	E'MO	OF DEATH?
5							-		1 TES 2 NO
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DE	ATH (Check	only one)		
)S		HOSPITAL: 1 ☐ Inpatient 2 ☑ EF	R/Outpatient 3 🗆 DO	OTHER:	g Home 5 🗆 Res	Idence 8	Other (Specify)		
£	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day, )		TIME OF 28	c. INJURY AT WORK?	20	8d. DESCRIBE HOW IN	JURY OCCURE	iD .
≥	1 Natural 5 Pending 2 Accident Investigation				1 YES 2	NO			
									ural Route Number,
Ĕ.									
립	29a. CERTIFIER (Check only	IAN: To the best of my	knowledge, death oc	curred at the time	, date and place,	and due to	the cause(a) end menr	ner as atated.	
COMPLETED	one) 2 MEDICAL EXAMINER	: On the basis of exam	ination and/or investi	getion, in my opin	lon, death occure	d at the tim	ne, dats and place, and	due to the ca	use(a) and manner sa atated.
BE C								GNED (Month, Day, Year)	
0 1 1 me N / 1 1 m / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						v 17.1993			
2	30. NAME AND ADDRESS OF PERSON WHO								
	Barrett L.Burka,M.	.D. 4607	Conn.Ave	.N.W.	Washing	ton,D	.c. 20008		
Ì	31. DATE FILED (Morith, Day, Year)  JUL 2 3 1993	ALLA DOLLAR'S	SIGNATURE DE		11111111				
	7 CEEL 0 0 10F	7							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

												93	2260	9
	1 - STATE REGISTRAR	STATE OF M	ARYLAND	DEPAR	RTMENT	OF H	EALTH	AND I			E			
	1. DECEDENT'S NAME (First, Middle, Last)	y CHA	RLES F.				DEA	IH	2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH	_
		s. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7 - 7. DATE OF 1	14	_	93	PLACE (State or Foreig	7
	137-24-8470	[ 1 1 2 □ F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	y, Ybar)	0.2.1	Country	y)	m
	9a. FACILITY NAME (If not institution, give stree	et and number)	01		9b. CITY	TOWN C	OR LOCATI	ON OF DE	AUG.	L, 1;		INTY OF D	JERSEY EATH	_
OR	HOLY CROSS HOSPI	TAL			SI	LVE	R SPI	RING			MOI	NTGOM	ERY	
DIRECTOR	RESIDENCE OF DECEDENT  100, STATE  10b, COUNTY			T										
III.		NTGOMER	v		Y, TOWN O		13.00						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	MIGOMER	.1	1	ROCKV		. ZIP CODI	6			10- 017	TITEN OF W	1 YES 2 NO	_
FUNERAL	12500 PLAZA PLACE						20853				log. Cit	USA	HAI COUNTRY?	
S	11. MARITAL STATUS 1:	2. WAS DECEDENT	EVER IN U.S. AF	RMED	13. \				IC ORIGIN? (S	pecify Yee	or No-		- American Indian	
	1 Never Married 2 Merried	FORCES? 1	X YES 2 AR OR DATES	NO	1	1 yes, spe	ecify Cube		n, Puerto Ricar				— American Indian, , White, etc.	
) BY	3 Widowed 4 Divorced	1953-	1955									Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION πpleted)	1 (0	ECEDENT'S	work done o	during mo	ON st of workin	ng	18b. KIN	D OF BUS	INESS/IN	DUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+	, [	Do NOT us										
MO	17. FATHER'S NAME (First, Middle, Last)		[510	CK CI	LEKK	-	10 MOTE	UED'O MAI	ME (First, Middl	A de table	0			_
	CHARLES F. GONDER	SR												
) BE	19e. INFORMANT'S NAME (Type/Print)	, DIC.	19	B. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
5	BRENDA J. GONDER						CKVILL	•		,	1853			
	20s METHOD OF DISPOSITION 1 D Buriel 2 Cremetion 3 Remove	I day - Cana	20b. PLACE	ANDDATE	OF DISPOS			110	DATE	***		City or Tox		
	4 Donation 8 Other (Specify)		GATE	OF H	ther place) EAVEN	CEN	METER	RY	7/17	SILV	VER S	SPRIN	G, MARYLAN	ND
	21. SIGNATURE OF SUNEYOL SERVICE LICEN	SEE ///	11.					SS OF FAC	INS F					
	11/ach 1.	1/24	ell										,MD.2090	1
	23. PART I. Enter the diseases, or com	pilcetione thet	ceused the de	eth. Do r	not enter	the mo	de of dyi	ing, such	es cerdiec	or reepi	ratory ar	rest,	Approximate	
	ehock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final									Onset and D				
	disease or condition resulting in death)	DUE TO (OR AS A CONSCOURMED OF)												
		DUE TO (OR AS A CONSEQUENCE OF)												
O	Sequentially liet conditions, b.	DUE TO (OR AS A CONSEQUENCE OF):										_		
ATI	if any, leeding to immediate cause. Enter UNDERLYING	UNDERLYING												
ERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSE	OUENCE OF	F):								+	_
H	resulting in death) LAST													
ᄗ	PART II. Other eignificant conditions of	ontributing to	death but not i	regulting	lo the up	doctulos		nhan in i	Danit Las			1		
S	Di ihita heis		a dult			in		Z	Part I. 24	PERFORI		246.	WERE AUTOPSY FINDII AMAILABLE PRIOR TO	
ED	Therestone	in in		7.00		001		w	10	YES 2	□ NO		OF DEATH?	jit
Σ	The true of	101 + 0	22102	1150	1.0	10 0	- 1	· cli	100	1			1   YES 2   NO	
AN	25. WAS CASE REFERRED TO MEDICAL	us C	ear	vvi (	na	26. PL	ACE OF D	EATH (Che	ck only one)	1				_
PHYSICIAN: MEDICAL		OSPITAL:	ER/Outpatient 3	DOA	OTHER	t:			8 Other (Sp	moths!				
	27. MANNER OF DEATH	28e. DATE OF I	NJURY V. Year)	28b. TIM		28c. INJU	JRY AT		28d. DESCRIE		JURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(100	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		M	NO								
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, (	INJURY At ho tc. (Specify)	ome, ferm, a	itreet, facto	ory, office			281. LOCATION	N (Street as	nd Number	or Rural Ro	oute Number,	
					_									
COMPLETED	29e. CERTIFIER (Check only one)													
8	2 MEDICAL EXAMINER; C	In the beele of ex	emination end/or	Investigatio	n, In my op	pinion, de	eath occur	ed at the t	lme, date end	place, end	due to th	ne ceuse(e)	end menner ee state	d.
8	296. SIGNATURE AND TITLE OF CERTIFIER	- /	20				29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)	

296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Mycamina N.D	02/662	· 7/14/93
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	4912 ADRIAN S	Rel
Wilherma & Camera 4.1)	Rakville Mi)	2085-3
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		
JUL 19 1993 Julia Davidson-Randell		



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BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	or the funeral director, page 5 should be detached for use as the burial-transit permit. Program

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found of the foundation of the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	TIEGIOTIAIT	OLITTII	OAIL	OI DE	7111	HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH .	1007 Y	3. TIME OF DEATH	
	LEEORA B. GRIFFITH	בי, 18 אוניען	[993 "	5:10 A M					
		s. last birthday)	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.	7. DATE OF BIRTH	300	BIRTHPLACE (State or Foreign Country)	
	224-92-7738 10 M 2 TXF   87	YRS.				APR.ZD, IS	306 LI	EBANON, VA.	
~	9a. FACILITY NAME (If not institution, give street and number)			WN OR LOCA			9c. COUNTY		
2	Z/US TERRAPIN ROAD		SIL	ER S	PRIN	G	MON	TGOMERY	
DIRECTOR	10e. STATE 10b. COUNTY		Y, TOWN OR				_	10d. INSIDE CITY	
5	MARYLAND MONTGOMERY	SI	LVER	SPRI	NG			LIMITS?	
A	10a. STREET AND NUMBER			101, 211, 60	DE_			OF WHAT COUNTRY?	
FUNERAL	2708 TERRAPIN ROAD			209	Ub		U.S	S ,	
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S  FORCES? 1 YES 2	S. ARMED				IIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.	
ВУ	1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES			YES N			WI	SOCHE	
	15. DECEDENT'S EDUCATION 16.	a. DECEDENT'S	USUAL OCCI	PATION		16b. KIND OF BUS	INESS/INDIES	TRY	
	(Specify only highest grade completed)  Elementary/Sepandary (0-12) College (1-4 or 5+)	(Give kind of ville. Do NOT us	vork done duri		ting	1000 1000			
7	F12 HC	MEMAK	ER			AT HO	ME		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MC	THER'S NA	ME (First, Middle, Maiden	Surname)		
BE	JOHN WESLEY BELCHER				YRTI				
10	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING	ADDRESS (S	reet and Numi	per or Rural I	Route Number, City or Town	n, State, Zip Co	(00)	
	ALICE F. GOBBLE	2/08			RD.,			MD/20906	
		SELL			,		ANON.	or Town, State	
	N□ Donetion 5 □ Other (Specify) RUS  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	SELL			ESS OF FA				
	W.80. 210- 0	P.	05		TA	KOMA FUNI	ERAL	HOME, INC.	
	Mulkat Degreen	2	722	CAR	ROLL	SI., N.W	WAS	HINGION, D.C.	
	23. PART I. Enter the diseases, or complications that caused the ahock, or heart failure. List only one cause on each	e death. Do r line.	ot enter th	mode of c	lying, auc	h aa cerdiec or reapi	retory arreat	Approximate Interval Between	
MANUFACTO CALLOS (ST1)								Onset and Death	
- 1	resulting in death) e. Due TO (OR AS A CO	A I A O	The ME	rien		ntaro			
-	De CIM	( (	mah	201	M	Day Oan	L ACC	Accidenti-	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	NSEQUENCE OF	F):	299		4 VV dest			
S	CAUSE (Disease or injury								
E	that initiated events resulting in death) LAST	NSEQUENCE OF	F):						
Ë	d			-					
	PART II. Other algorificant conditions contributing to death but i	not resulting	In the unde	rlying cause	given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS	
20						PERFOR	-1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL							-0 (	1 TYES 2 NO	
ÿ							1 - 1		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	26. PLACE OF	DEATH (Ch	eck only one)			
IXS	1 ☐ YES 2 ☐ NO	-	4 - Nursing	Home 5.	Residence	6 Other (Specify)			
	Netural 5 Pending (Month, Day, Year)	26b. TIM	URY	WORK?		28d. DEŞCRIBE HOW H	NJURY OCCUR	ED	
BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY —	At home, farm, i			_ NO	201. LOCATION (Street a	and Number or	Rural Bruta Number	
COMPLETED	4 Homicide determined building, etc. (Specify)		-			City or Town, State)			
LE.	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge	e death occum	ed at the time	date and pla	ce and due	to the councils) and man	nar sa statad		
2	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s							ause(s) and manner as stated.	
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	2 MEDICAL EXAMINER: On the basis of examination and	1		29c, L	CENSE NUA	MBER	29d, DATE S	GNED (Month, Day Year)	
BE		nes		29c. L	CENSE NUM	1BER 22978	29d. DATE S	GNED (Month, Day, Year)	
ш		(ITEM 27) (Type,	Print)	7	Di	ABER 22978	29d. DATE S	IGNED (Month, Day, Your)	
BE	296. SIGNATURE AND TITLE OF CERTIFIER  THE STATE OF CERTIFIER	MED (TEM 27) (Typo,	Print) G	29c. L	Di	1822978 WW. MD	20d. DATE S	GNED (Month, Dev. Year)  19193.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER  THE STATE OF CERTIFIER	Suise	Print) G ~	7	Di	WW, MD	20d. DATE S	IGNED (Month, Day, Your)	

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	1 - STATE OF MARYLAN	ID / DEPARTMENT OF CERTIFICATE OF	HEALTH AND MEN	ITAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Grace E. Ga.	lyon		DATE OF DEATH	3. TIME OF DEATH	
	2/6-28-3359 10M2 XF 81	YRS. Isst birthday) IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. 7. 0 HOURS MIN.	6. BIRTHPLACE (State or Foreign Country)		
TOR	90. FACILITY NAME (If not institution, give street and number)  MENEY, BN MSG Hom.  RESIDENCE OF DECEDENT		or Location of DEATH	9c. cc	POUT 90 MERY	
DIRECTOR	MD 106. COUNTY HOWard		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER 2428 Mullinx Mill Rd	1. ZIP CODE 21771	10g. C	ITIZEN OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS  1 Never Married 2 Merried  3 X Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.  FORCES? 1 YES  IF YES, GIVE WAR OR DATE	2 X NO If yes, s	CENDENT OF HISPANIC OF Decity Cuban, Maxican, Pur S 2 1 NO Specify:	RIGIN? (Specify Yea or No— arto Ricen, atc.)	14. RACE — American Indian, Black, White, atc. Specify:	
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)	a. DECEDENT'S USUAL OCCUPATI (Give kind of work done during m life. Do NOT use retired.)  Homemaker	ON ost of working	16b. KIND OF BUSINESS/II	White	
COMPL	17. FATHER'S NAME (First, Middle, Last)	Nomemarket	The ballion of the second	irst, Middle, Maldan Surname)		
BE	William Ellison  190. INFORMANT'S NAME (Type/Print)	I and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Ellen			
5	William Galyon	19b. MAILING ADDRESS (Street 2428 Mullinx				
	1 Laburial 2 Cremetton 3 Li Removal from State   cemetal	ACE AND DATE OF DISPOSITION (No.	ame of	DATE 20c. LOCATION -	- City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		NO ADDRESS OF FACILITY		ridge MD	
	Harry H. Witzh			Funeral Home	e Inc t City MD 21043	
NO	23. PART I. Enter the diseases, or complications that caused the ehock, or heapt sallure. Liet only one cause on each iMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CO.	in deeth. Do not enter the mo	ada of dying, such as	cerdiec or reepiratory a	Approximate interval Between Onset and Death	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST					
MEDICAL	PART II. Other significent conditions contributing to deeth but it	not resulting in the underlyin	g ceuse givan in Part i	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 700	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26 89	ACE OF DEATH (Check onl			
SIC	EXAMINER?  1 YES 20 NO  HOSPITAL:  1   Inpatient 2   ER/Outpetle	QTHER:	e 5 Residence 8 C			
	27. MANNER OF DEANH 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ	URY AT 28d.	OESCRIBE HOW INJURY OF	CCURED	
ВУ	Accident investigation	At home, farm, street, factory, offic	YES 2 NO	LOCATION (Street and Number		
TEO	4 Homicide determined building, etc. (Specify)	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		City or Town, Stelle)	w or Hural Houte Number,	
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of examination and the second of	e, death occurred at the time, date d/or investigation, in my opinion, d	and place, and due to the	cause(a) and menner as at data and place, and due to	ated.	
BE C	296. SIGNATURE AND TITLE OF GERYLPIER		29c. LICENSE NUMBER		TE SIGNED (Month, Day, Year)	
10 E	TO MANE AND ADDRESS OF MANE AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	٥	D43202	<b>)</b> ~	7-19-93	
	30. NAME AND ADDRESS OF REASONAND COMPLETED CAUSE OF DEATH	Ind Sibr	Spring 11	40 209	06	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU Like Davidson-R	ne undall	7			

1	-	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	SIAIE UF I				OF DE		MENTAL HYGIEN REG. NO			
9	1. DECEDENT'S NAME (First, Middle, La							2. DATE OF DEATH MONTH D	AV	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220–22–0357	5. SEX 1 M 2 F	8. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) 9/1/06		8. BIRTH Countr	
S.	90. FACILITY NAME (If not institution, git CITIZENS NUR	,			96. CITY, TOWN OR LOCATION OF DEATH HDG, Md  90. COUNTY OF DEATH HARFORD						EATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COU			10c. CIT	Y. TOWN O	LOCATION					10d, INSIDE CITY
L DIR	Maryland 10. STREET AND NUMBER	Harford				de Grac					LIMITS?  1 YES 2 NO
FUNERAL	805 Lafayette	Street	2			10f. ZIP CO				U.S.	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 2X Widowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARM YES 2 NO WAR OR DATES	IED O	H	AS DECENDENT yes, specify Cur YES 2 X N	ban, Mexic	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)  7y:	s or No—	Speci	— American Indian, c, White, etc. fly: White
COMPLETED	15. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12) 1.2	DUCATION ade completed)  College (1-4 or 5	+) (G/w	e kind of i Do NOT u	EDENT'S USUAL OCCUPATION Indid of working working to NOT use refered.)  18b. KINO OF BUSINESS/INDUSTRY  U.S. GOVT.						
NO.	17. FATHER'S NAME (First, Middle, Last)		CIV	<u> </u>	CT ATC		THER'S N	AME (First, Middle, Meiden			
BE (	Clarence Gerdom							ce Jewell			
5	Mrs. Beverly Je	an Gamble						Route Number, City or Tow Havre de			D 21078
	20a. METHOD OF DISPOSITION  17 Buriel 2 Cremation 3 R  4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AN cemetery, crem Grove	atory or o	of Disposition place)	non/Name of cian Ce	mete:	DATE 20c. LO	cation –	City or To	wn, State rvland
	21. SIGNATURE OF FUNERAL SERVICE	1	rales.		22. N	AME AND ADDE	ess of F	Funeral Hoyland 2100	ome.	P.A.	
	23. PART I. Enter the diseases, shock, or heart fallu	or complications the	t caused the dea								Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Cer	ebral								Onset and Death 3 clary
NO	Sequentially list conditions,	P. P. C.	OR AS A CONSEQUE	JENCE O	F):	Rese	etu	d x 2			7 yrs.
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	(OR AS A CONSEQU								
CERT	resulting in death) LAST	d									
ICAL	PART II. Other algolificant condit	ions contributing to	death but not re	suiting	in the und	leriying cause	given in	PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
BY PHYSICIAN: MED								1 _ YES 2	NO		OF DEATH? 1 YES 2 NO
NAN I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE OF	DEATH (C	heck only one)			
YSI	1 TYES 2 NO		ER/Outpetlent 3			ng Home 5 🗆	Residence	6 Other (Specify)			
3У РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, D	INJURY My, Year)	28b, TIM INJ	IE OF S	28c. INJURY AT WORK? 1 YES 2	□ NO	28d. DEŞCRIBE HOW I	NJURY OC	CURED	
	3 Suicide 6 Could not determined	building.	of INJURY — At home ofc. (Specify)	ie, ferm, :	street, facto	ry, office		28f. LOCATION (Street City or Town, State)	and Numbe	r or Rural R	loute Number,
COMPLETED								e to the cause(s) and mai			) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTI	M					32	MBER -& O C ,	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON Kamadia	WHO COMPLETED CAU	SE OF DEATH (ITEM TO 3 Ru	27) (Type)	Fring Tion	St He	20 40	De Gra	e M	D 21	078 -
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE						,		
- 1	JUL - I JU	a rowald	ODI A-Mariante								

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page tied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH			CHILL	ICATE O	F DEATH		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)						2	DATE OF DEATH		3. TIME OF DEATH
1	Esther			Ga	rner		J	uly 14,	Ĭ993	11:00A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER 24 H	_	DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	579-10-6896	1 🗆 M 2 💢 💢 F	78	YRS,	MONTHS DAYS		IN.	2/17/15	- 1	Country)
	9e. FACILITY NAME (If not institution, give a	street and number)			9h CITY TOW	OR LOCATION O	DE DEAT		La. 000	Washington, D.C.
Œ	7911 Indian Head		#410	,			JE DEAT	n		
DIRECTOR	RESIDENCE OF DECEDENT	nighway	#410	-A	Oxon H	1111			Pri	nce George's
E C	10e, STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	ATION				10d. INSIDE CITY
18	Maryland Princ	e George	S	Oxo	n Hill					LIMITS?
	10e. STREET AND NUMBER			0.1101		101. ZIP CODE			ton CITI	IZEN OF WHAT COUNTRY?
FUNERAL	7911 Indian Head	Highway	Ant /.1			20745			100	
Z	11. MARITAL STATUS	12. WAS DECEDEN							US.	
교	1 Never Married 2 Married	FORCES? 1	YES 2 X	(AO AMED	If yes,	specify Cuban, M.	exican, P	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.
BY	3 🗓 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 Y	ES 2 NO S	pecify:			Specify: White
	15. DECEDENT'S EDU	CATION	140 04	ECCDENTIC	USUAL OCCUPA	71011				
	(Specify only highest grade	completed)	(0	Sive kind of w	vork done during or retired.)	most of working		16b. KIND OF BUS	SINESS/IND	DUSTRY
ا ترا	Elementary/Secondary (0-12) 8th	College (1-4 or 5+		memal				at h	ome	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									
								(First, Middle, Maiden	Sumame)	
出	Thomas Haislip							naney		
2	19e. INFORMANT'S NAME (Type/Print)							te Number, City or Town		
-	Barbara A. Hazelr		4	747 T	West Wa	ters Av	e. A	Apt. 3808	Tam	pa, Fla. 33614
l û	20e, METHOD OF DIS OSITION 1 A Burial 2 Crystation 3 Rem	oval from State	20b. PLACE	AND DATE C	POSPOSITION	Name of		OATE 20c. LO	CATION -	City or Town, State
			IFt. I	incol	ln Ceme	tery 7/	19/	93   Bre	ntwo	od, Md.
	21. SIGNATURE OF UNERAL SERVICE LIC	CENSEE			22. NAME	AND ADDRESS O	E FACILI	ITY		
	Iller P. K	also.	1 \		6160	ge P. K	атая	Funeral	Home	9
	23 PART I. Inter the diseeses, or	complications that	haliand the di	oth Do o	0100	Oxon H	111	Kd. Uxon	Hill	l, Md. 20745
	shock, or heert fallure.	List only one cay	e on each line	eatri. DO II	or enter the r	loae or aying,	sucn e	s cerdiec or respi	ratory em	est, Approximate interval Between
1	IMMEDIATE CAUSE (Final disease or condition	$\Omega U$	1 -		1	1		` ^		Onset and Death
	resulting in death)	. 17.	eehi	Ya	An	4 1	0	Empl Empl	0	
1		this to	OR AS W CORSE	QUENCE OF	0 1	7				
Z	Sequentially list conditions,	a (	hrom	LC	000	MChi	-	Emy	224	emo
Ĕ	If any, leading to immediate	DUE TO	ON AS A CONSE	QUENCE OF	+			P.	1-	
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury	e.		20200000	_					
Ė	that initiated events resulting in death) LAST	DUE 10	OR AS A CONSE	QUENCE OF	):					
<b>E</b>		4								
	PART II. Other significent condition	s contributing to	death but not	resulting i	n the underly	na cause alver	n In Par	rt I. 24a, WAS AN	ALITOPSV	24b. WERE AUTOPSY FINDINGS
EDICAL		4100-1	5.0	0.				PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ED		1425	(321)	110				1 TYES 2	X NO	OF DEATH?
Σ								-		1 - YES 2 - NO
Ä										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEATH	(Check	only one)		
YSI	1 TYES 2 X NO	1 🗆 Inpatient 2 🗆	ER/Outpatient 3	□ DOA		ome 5 X Raside	nce 8 🗆	Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28e, DATE OF (Month, Da		26b. TIME		NJURY AT YORK?	28	d. DESCRIBE HOW I	NJURY OCC	CURED
ВУ	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO	)			
	3 Suicide 8 Could not be	28e. PLACE Of	INJURY — At he	ome, farm, s	treet, factory, of	lice	28	of, LOCATION (Street a	nd Number	or Rural Route Number,
H	4 Homicide detarmined		net (opcomy)					City or Town, State)		
COMPLETED	29e. CERTIFIER (Check only 1 XX ERTIFYING PHYSI	CIAN: To the best of	my knowledge de	ath occurs	d at the time de	to and place and	A		S.1271.	
M										ed, e cause(e) end manner ea stated.
					n, ni my opinion				u due 10 In	e cause(e) end manner ea stated.
H	296. SIGNATURE AND TITLE OF CERTIFIED	4				29c. LICENSE	NUMBE	P	29d. OATI	E SIGNEO (Month, Day, Year)
5	110	~9~	1			10)	-4	000	•	7-14-93
- 1	30. NAME AND ADDRESS OF PERSON WH									
	Moti L. Koul N		3/10 Ki	viera	St. #	2C Tem	ple	Hills, M	d. 20	)748
	JUL 1 5 1993	32. REGISTRAL	S SIGNATURE	nd . 00						
	FPPI G 1 1111	State	mason-No	Mark						
	A27 # 1000									

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		by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. If
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,	t the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	y the attending physician and completely filled in by the fune of Mental Hydiene brior to burial, cremation, or removal.
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NDS, P.O. BOX 68760,	h cer	Hvo
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		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	С.	CATNEC			2. DATE OF DEATH MONTH DA	AY YEAR	3. TIME OF DEATH	
		JOHN 4. SOCIAL SECURITY NUMBER		GAINES ,			07 15		7:15AM M	
Same?		247-34-9775	1 🖾 M 2 🗍 F.	(In yrs. last birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 9 / 9 / 25	6. BIRT Coun NO	HPLACE (State or Foreign, try) Thomas Vil rth Carolii	
	TOR	98. FACILITY NAME (If not institution, give s PRINCE GEORGE <sup>t</sup> S   RESIDENCE OF DECEDENT		TER		R LOCATION OF DE	ATH	PRINCE	DEATH E GEORGE'S	
	DIRECTOR	10e. STATE 10b. COUNTY	P.G		y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? YES 2 NO	
n. ansit permi	ERAL	106. STREET AND NUMBER 107. ZIP CODE 20743 U.								
5-0020 nding physician. Is the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? (X) YES IF YES, GIVE WAR OR I	B 2 NO	If yes, spe	ENDENT OF HISPAN celly Cuban, Maxican NO Specify	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No— 14. RAC Blac Spec	CE — American Indian, ck, White, etc.  City: Black	
al or atte	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7 th		16a. DECEDENT'S (Give kind of a life. Do NOT us	-	N st of working		Govern	nment	
by the	E COM	17. FATHER'S NAME (First, Middle, Last)  John Gai	nes				ME (First, Middle, Maiden			
retained 5 should	TO B	190. INFORMANT'S NAME (Type/Print) John C. Gaines		19b. MAILING 5628	ADDRESS (Street ar Westga	nd Number or Rural R	Coute Number, City or Town	n, State, Zip Code) Id. 207	06	
ge 6 may be lirector, page		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20	b. PLACE AND DATE of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the stree	of disposition (Nei ther place) Mem . P	neol ark 7/2	DATE 20c. LOC 21/93 LAN	CATION — City or T	own, State Md •	
death. Pa funeral o	10	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  AND ADDRESS OF FACILITY  H.S. Washington & Sons, Inc.  4925 Burroughs Ave., N.E.								
that certificate be executed within 24 hours after transfer physician and completely filled in by the mtal Hygiene prior to burial, cemation, or removal y, or other traumatic event, the medical or	ERTIFICATION	23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	S. DUE TO (OR AS	A CONSEQUENCE OF	y aix		ellowy (		Approximate Interval Between Onset and Death  yellul	
law requires that the dass been signed by the 23 shows any Injur	AN: MEDICAL C	PART II Other significant condition COLONO  COLONO  COLONO  COLONO  AND CASE REPORTED TO MEDICAL	a contributing to death	Local Cardi	ack.	trythe	PERFOR 1□ YES 2	MED?	NAME AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
rificate he State or Item	YSICIAN	1 YES 2 NO	HOSPITAL:	tpetient 3 🗆 DQA	OTHER:	ACE OF DEATH (Che	necessaria de la Constantina del Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina del Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la Constantina de la			
F sign Se	ВУ РНУ	27. MANNES OF DEATH  1   Matural S   Pending 2   Accident Investigation	28s. DATE OF INJURY	9	M 1 V	ES Z NO	28d. DESCRIBE HOW IN	9		
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED.	3 Suicide 6 Gould not be Betermined	28e. PLACE OF INJUR building, etc. (Spe	scan /l	9		281. LOCATION (Street & City or Town, State)		Route Mumber	
절절원들	COMPL		CIAN: To the best of my known R: On the basis of examination						a) and manner as stated.	
THE HUSPI THE FUNES OF ISED WITHIN	TO BE	296, SIGNATURE AND TITLE OF CRYTIFIER	cano &	MN		D/4	HER 465	29d. DATE SIGNED	14/93	
4)		30. NAME AND ADDRESS OF PERSON WHI	NO The	nn	Print) 119	CAPITO	A HE141	INTS!	90 20743	
		JUL 1 6 19	32. REGISTRAR'S SIGI	aurdson-Ran	rdell					

		1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH
		NOEL CLATE GABBERT SR 07 19 93 5 27 AM
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 14 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
3 should		520-09-38371 MM 2 0 F 74 YRS. MONTHS DAYS MOURS MIN. 5000000 Country) MO
		9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
	<u>۳</u>	MODELL ADMINIST MOCDATIVE ASSOCIATION
1, 2,	20	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A A COUNTY
Ross.	DIREC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
(影響)	0	MD AA ARNOUD LIMITS?
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	A	10e. STREET AND NUMBER  10g. CITIZEN OF WHAT COUNTRY?
	FUNERAL	405 Kimwood Road 21012 USA
O pictor	3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGINAL STATUS
20 85 85		1 Never Married 2 Married   FORCES? 1 YES 2 NO   If yes, specify Cuban, Maxican, Puerto Rican, etc.)   Black, White, atc.
5-0020 anding physics as the buria	ВУ	3 Wildowed 4 Divorced
21 affe		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY
- 6 -		Elementary/Secondary (0-12) College (1-4 or 5+)
Shed Spit	AP I	DISTRUTINGE, (MANT POOR
RYLAND 2 ed by the hospital uld be detached fo	COMPLETED	17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Maiden Sumame)
Z & & T	171	NOHN ADAM CABBERT MONTASARAH REALISCK
MARYI  retained by 5 should be	9	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
	5	MAUREU, GARRERT SAME AS # 10
# 9 g		20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State
ORE B 6 may ector, pag		1   Burlel 2   Cremetion 3   Removal from State 4   Donation 5   Other (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Cremetion 5   Carb (Specify)   Ca
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
ALTIN death. Pag funeral di		Ral UD
		Barranco Severna PK mo 21146
\$ 5 E 8		23. PART I. Enter the dissesses, or complications that caused the death. Do not enter the mode of dying, such se cerdico or respiratory errest, Approximate
24 hours filled in to on, or rei		IMMEDIATE CAUSE (Final Onset end Deat
- 10 64		disease or condition
760, ad within ompletely II, cremar		e. WWWW // // // // // // // // // // // /
executed within and completely o burial, crema matte event.		Chronic My desenous Louheauxa & month
OX 68 e be execut sician and c rior to burit traumatic	CERTIFICATION	Sequentielty list conditione, oue TO (OR AS A CONSEQUENCE OF)
BO) ate be sysiciar prior	181	cause. Enter UNDERLYING
certificate ding physical cyglene pri	Ē	CAUSE (Disease or injury Due TO (OR AS A CONSEQUENCE OF):
beath certificate be teath certificate be tathending physician mtal Hygiene prior to other traum.	토	resulting in deeth) LAST
(1) 0 0		
H = 10 E	SA S	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO
O = 5 = 6	151	Take la facture 1 Lyes 2 D MO COMPLETION OF CAUSE
RECC requires been signed. of Healt	WE	Splenie Ruptare
> 0	z	
TAL The law rite has beate Dept	SICIAN	25. WAS CASE REPERFECT TO MEDICAL 28. PLACE OF DEATH (Check only one)
OF VITA PHYSICIAN: The this certificate h with the State I	S	EXAMINER?  1
PHYSICIAN: this certifica with the Str		27. MANNEY OF DEATH 288. DATE OF INJURY 286. TIME OF 286. INJURY AT 28d. OFSCRIBE HOW INJURY OCCURED
NG PHYS frer this ceath with marked.	>	1 Netural 5 Pending (MONTE, Dey, Year) INJURY WORK?
NOING NOING IS After r death		2 Accident
DIVISION OR ATTENDING F DIRECTOR: After thours after death		4 Homicide defermined building, etc. (Specify)
DIVISION OR ATTEN DIRECTOR: hours after Item 28 i	9	29e, CERTIFIER
		(Check only 1 [F] CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
		2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.
	8	A. A. I
	SE CO	296. SIGNATUL AND TITLE OF CERDINE MONTH, Day, Year)
THE HOSPITAL THE FUNERAL Sled within 72	BE CO	296. SIGNATUR AND TITLE OF CEREBURY  M.D. 28c. LICENSE NUMBER  29d. OATE SIGNEO (Month, Day, Year)  7-19-93
	TO BE CO	296. LICENSE NUMBER  29c. LICENSE NUMBER  29d. OATE SIGNEO (Month, Day, Year)  7-19-93  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (VMM 27) (Type, Print)
THE HOSPITAL THE FUNERAL Sled within 72	BE CO	296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. OATE SIGNEO (Month, Day, Year)  7.19-93  LONG S. HSU, M.D./300 HOSPITAL DR. #230/GLEN BURNTE, MD. 21061
THE HOSPITAL THE FUNERAL Sled within 72	BE CO	296. SIGNATUR AND TITLE OF CEREBURY  M.D. 28c. LICENSE NUMBER  29d. OATE SIGNEO (Month, Day, Year)  7-19-93

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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j	1. DECEDENT'S NAME (First, Middle, Last)		С	CHARLES W. GROSS 2. DATE OF DEATH MONTH JULY 17				DA		RABY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:		IF UNDER 1	YEAR	IF UNDER		7. DATE OF	BIRTH			IPLACE (State or Foreign
	214-52-9369	1 [∑XM 2 □ F	41	41 YRS. MON			AYS HOURS MIN. SE.I			onth, Day, Year) PT. 6 1951 Country) MARYLAN			
	9a. FACILITY NAME (If not institution, give s		96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE					EATH					
RO	164 O BERRY CO	URT			ANNAPOLIS ANNE ARU					RUNDEI.			
DIRECTOR	RESIDENCE OF DECEDENT				Mille Mile					ATO IT DE LE			
R	MADATA AND				r, TOWN OF								10d. INSIDE CITY LIMITS?
	MARYLAND ANNE		AN	NAPP(	OLIS	3						1 XXX 2 NO	
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITI	ZEN OF V	WHAT COUNTRY?
9	164 O BERRY COURT					2	1401					U.S.	Α.
5	11. MARITAL STATUS  1 Never Married 2 X Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AL	MED	13. W	AS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yea	or No-	14. RACE	— American Indian, t, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIYE W			1	☐ YES	2 100	Specify	n, Puerto Rica	11, 4100)		Speci	fy:
	15. DECEDENT'S EDUC		Total and									BLA	CK
1	(Specify only highest grade	completed)	(0	ECEDENT'S Give kind of v a. Do NOT us	vork done de	uring mo	DN st of workin	ng	16b. Kif	ND OF BUS	BINESS/IND	USTRY	
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+	112										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			ELEC	<b>K</b> RICI	LAN					21152525		
	JOSEPH E. GROSS								ME (First, Midd		Sumame)		
B	19e. INFORMANT'S NAME (Type/Print)		1 40						E GROV				
2	JOSEPH GROSS								Route Number,				
								ANN	APOLIS				21401
	29a, METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	20b. PLACE COMPLEY CO	and date of	PEDISPOSE Perplace)	TON (Na	me of		OATE		CATION		
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEF	LINE	LAWN ,	_		_	90 05 CM	7-21-	93	ANNA.	POLT:	S, MD.
í	7	100			22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A.								
	Larry /		12		821	ME	ST S	יר א	NNADOL	TC	MD 1	2140	1
Z	23. PART I. Enter the diseases, or o shock, or heart failure.  IMMEDIAC CAUSE (Final disease or condition resulting in dasth)	OR AS A CONSE	В.					n as cardiac	or respi	ratory arr		Approximate Interval Between Onset and Deeth	
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	NSEOUENCE OF):											
	PART II. Other algnificant condition	s contributing to	death but not	resulting i	n the unc	lerlyIng	cause o	lven in	Part I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL									1	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ									_	•			1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL												
<u> </u>	EXAMINER?	HOSPITAL:	255		OTHER		X		ock only one)	_			
PHYSICIAN: M	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I	- Landille	-				eldence	8 Other (Sp				
BY Pt	1 Natural 5 Pending 2 Accident Investigation	(Month, De	y, Ybar)	28b. TIM	URY M	28c, INJ WO 1   \	RK?	ON	28d. DESCRI	BE HOW IN	JURY OCC	CURED	
	3 Suicide 6 Could not be determined	28e, PLACE OF building, e	INJURY — At ho dc. (Specify)	ome, ferm, s	treet, facto	ry, affici			281. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rumii A	loute Number,
٦	29a. CERTIFIER (Check only	CIAN: To the best of r	ny knowledge, de	eth occurre	d at the sin	ne, date	end place.	end due	to the causele	) end man	ner ee state	ed.	
COMPLET	one) 2 MEDICAL EXAMINE												) and menner se atated.
BE	296. SIGNATURE AND TITLE OF CERTIFIEF	klou	ue,	u.	D,		29c, LICE	OSE NUM	38		29d. DATE	SIGNED	(Month, Day, Year)
2	39. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	OF OEATH (ITE	M 27) (Type,		G <sub>2</sub> ~	7 7	200	T-1 ^-	~ 0	0	7	3140
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	'S SIGNATURE	1111	,	10	0	100	T6A	12 K	a	140	nap MD.
100		4 10 A	Manda	مساد									

10g 8r8 u t. Jul.

FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 22617

1 - STATE REGISTRAR		CERTIF	FICATE C	F DEATH	REG. NO	0.		
1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE OF DEATH MONTH	DAY )	3. TIME OF DEATH	
SYLVESTER	R.		GREEN		07 13			
4. SOCIAL SECURITY NUMBER 218-80-7499		AGE (In yrs. last birthday) 30 YRS.	MONTHS DAY		7. DATE OF BIRTN (Month, Day, Year) JWLY 3 19		BIRTNPLACE (State or Foreign Country) MARYLAND	
9a. FACILITY NAME (If not institution, give UNIVERSITY HO RESIDENCE OF DECEMENT				VN OR LOCATION OF DI			Y OF DEATN	
10a. STATE 10b. COUN	INE ARUNDEL		ANNAPOL				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 1148 EASTPORT T	ERRACE			101. ZIP CODE 21403		U.S	N OF WHAT COUNTRY?	
11. MARITAL STATUS  1 XXNever Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR	YES 2 APO	13. WAS If yes	DECENDENT OF NISPAI , specify. Cuban, Maxica YES 2 NO Specific	NIC ORIGIN? (Specify Youn, Puarto Rican, etc.)	ea or No— 14	t. RACE — American Indian, Black, White, etc. BLACK	
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT' (Give kind of life. Do NOT of UNEMP)	f work done during use retired.)	MATION g most of working	16b. KIND OF BUSINESS/INDUS		STRY	
17. FATHER'S NAME (First, Middle, Last)		100		16. MOTNER'S NA	ME (First, Middle, Maide	n Surname)		
SYLVESTER GREEN					RTA GROSS			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Str	eet and Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)	
SYLVESTER GREEN				T TERRACE				
20a. METHOD OF DISPOSITION  1 XDBurtal 2 Cremation 3 Ra  4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE OF DISPOSITION (Name of papeters, cremetors or other place) PARK			DATE 20c. LOCATION — City or Town, Stata 7-19-93 ANNAPOLIS, MD.			
21. SIGNATURE OF FUNERAL SERVICE I	4. Reesa	hardron	REE 821	E AND ADDRESS OF FA	MORTUARY, ANNAPOLIS	, MD.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST	b	AS A CONSEDUENCE (	OF):	s nead	and Ir	491		
PART II. Other aignificent condition	one contributing to dec	oth but not resulting	j in the underl	lying ceuse given in		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 \( \subseteq \text{NO} \)	
25. WAS CASE REFERRED TO MEDICAL	T		2	B. PLACE OF DEATH (C)	neck only one)			
EXAMINER?	HOSPITAL:	I/Outpatient 3 🗆 DOA	OTHER:	Home 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJ	URY 28b, TI		INJURY AT	28d. DESCRIBE HDW	INJURY OCCU	RED	
1 Netural 5 Pending	(Month, Day, )			WORK?	SUBJECT	SHOT		
2 Pactrigity		JURY — At home, term, (Specify)	, street, factory,	office	SUBJECT SHOT  281. LOCATION (Street and Number of Fuest Rouge Number, Number of Fuest Rouge Number, Number of Fuest Rouge Number, Number, Number of Fuest Rouge Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number, Number			
onel	SICIAN: To the best of my	knowledge, death occur			lo the cause(a) and m			
296. SIGNATURE AND TITLE OF CERTIF		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	, arrany opanie					
C A CONTRACTOR	a Va N	D		29c LICENSE NU		THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	IGNED (Month, Day, Year)	
30. HAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE O			0.C.M	,		/13/1993	
31. DATE FILED (Month, Day, Your)  1. 9 1993	Joz. REGISTRAR'S	SIGNATURE	III SUF	eet, Bal	cimore,	магу1	and 21201	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within afours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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DIVISION OF VILAL RECORDS, P.O.	TAL DR ATTENDING PHYSICIAN
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE O	HEALTH AND F DEATH	MENTAL HYGIE REG. N		22618
		1. DECEDENT'S NAME (First, Middle, Last)	MAURICE, LER	OY GILBI	ERT		2. DATE OF DEATH MONTH	DAY A	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	24 N	BIRTHPLACE (State or Foreign Country) (aryland
	R	9a. FACILITY NAME (If not institution, give str	oet and number)	200	9b. CITY, TOW	OR LOCATION OF D	EATH		Y OF DEATH
	RECTOR	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY	NEITO D	10c CIT	Y, TOWN OR LOC	ATION.			10d. INSIDE CITY
mit.	╗	Maryland Frede	rick		ederick				LIMITS?
insit pen	ERAL	100. STREET AND NUMBER 9919 Old Frederic	k Road			21701		1 12	J.S.A.
tenoing prysician. as the burial-transit permit.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify on, Pueto Rican, etc.)		4. RACE — American Indian, Black, Whita, etc. Specify: White
should be detached for use as notified at once.	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	life. Do NOT us	vork done during i se retired.)		16b. KIND OF E	USINESS/INDUS	
detache	COMPL	6 years 17. FATHER'S NAME (First, Middle, Last)		Labore	er	18. MOTHER'S NA	AME (First, Middle, Meid	en Surname)	
5 should be	BE	Martin Carbaugh  19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree		Stull Gil		orde)
age 5 sh be noti	٩	Clarence I. Gilbe		405 8	Sherman	Avenue F	rederick,	Maryla	nd 21701
rector, pa		20e. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State com	PLACE AND DATE OF OR OTHER STATES	thes alread				y or Town, State ck, Maryland
by the funeral director, page amoval.		21. SIGNATURE OF PUMBRAL SERVICE LICE	Dilost	1	ROBEI	AND ADDRESS OF FA RT E. DAI NORTH MA	CLEY & SON	FUNERA	L HOMES, P.A.
ysician and completely filled in by the prior to burial, cremation, or removal traumatic event, the medical		23. PART I. Enter the diseases, or canock or heart failure to immediate CAUSE (Final disease or condition resulting in death)	ast only one cause on the	ach line.		node of dying, suc		piratory arres	Approximeta interval Between Onset and Daath
and comp burial, c natic ev	NO	Sequentially list conditions,	Asy	siration	-	0		_	
ohysician e prior to er traum	CATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		ear Sl	role.				
by the attending physician and or and Mental Hygiene prior to buria y injury, or other traumatic	CERTIFI	that initiated events resulting in death) LAST		CONSEQUENCE OF	Fail	Me -			
TO THE FUNEAL DIRECTOR. After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and Me IMPORTIANT: If item 28 is marked, or Item 23 shows any injure.	: MEDICAL	PART II. Other significent conditions	contributing to death bu	ut not resulting i	n the underlyi	ng cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
icate has State De Item 2	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch			
r this certif th with the arked, or	PHY	27. MANNER OF DEATH  1 Neturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. II	HO 5 Realdence HJURY AT /ORK? YES 2 NO	8 U Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUP	RED
ECTOR: After safter deal m 28 is m	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Speci	te. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify)		Ice	281. LOCATION (Stree City or Town, Stat	nt and Number or (e)	Rural Route Number,
UNERAL DIR ithin 72 hou ANT: If iter	COMPLI		IAN: To the best of my knowler On the basis of examination						cause(s) and menner as stated.
TO THE F be filed w	O BE	296. SIGNATURE AND TITLE OF CERTIFIER	Dung)	)		29c. LICENSE NUI	MBER (9)	29d. DATE S	IGNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO				302 8	1 Stats IN	10 209	.26.92.
		31. DATE FILED JUN 2 8 1993	32. HIGISTRAR'S SIGNA Julia Daiydse	m-Randell					

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detached 90 notified at has been signed by the attending physician and completely filled in by the funeral director, page 5 should Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. must be examiner 24 hours after medical traumatic event, the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremati or other shows any 23 Hem 5 this c is marked, 28 TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Galpin Robert James June 30 1993 10:00A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign (Month, Day, Year) Nov. 29, 1936 485-34-2263 1 XM 2 F HOURS YRS Iowa 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Shady Grove Adventist Nursing DIRECTOR Rockville Montgomery Center RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Damascus 1 YES 2 1 NO 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12 Clearwater Court 20872 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 N YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: White 3 Widowed 4 Divorced Korean 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Electrical Engineer I.B.M. Corp. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harold James Galpin Irene L. Clark 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Lou Galpin 12 Clearwater Court, Damascus, Md. 20872 20s. METHOD OF DISPOSITION

1 Burlsi 2 Coremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of SPOSITION (Name of 7/5/93TE Crematorium, Inc. 20c. LOCATION -- City or Town, State Montgomery Bethesda, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A., Funeral Hn ole 20872-0117 Damascus, Maryland 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING nur 9 DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO 1 TES 27 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 🔀 Natural 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER (Check only 1 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 6-30-93 D3579 avr 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROCKVILLE 50, W ED 31. DATE FILED (Month)

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randell

JUL 21 '93

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C. INJURY AT WORK?  I LY ES 2 NO office	in Pert  (Check on 28d. 28t. due to the time,	Cerdlec or reepi  Per M  1. 24a. WAS AN PERFOR  1 YES 2  Describe How II  LOCATION (Street a City or Town, Stete)	AUTOPSY RMED?  AUTOPSY RMED?  AND  NJURY OC  and Number  and due to ti	24b  CURED  or Or Aural F	Approximate interval Betwee Onset and De Charles Autopsy Findin Alalia Brion To Competition of Cause of Death?  1 YES 2 No
$\gamma = I M M M \sim M$	ETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death to immediate cause. Enter UNDERLY CAUSE (Disease or injection in the initiated events resulting in death) LAS  PART II. Other eignification in the initiated events resulting in death) LAS  PART II. Other eignification in the initiated events resulting in death) LAS  25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	tiona, adiate ting and the tional adiate ting and the ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and ting and tin	a. 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INJURY AT WORK? 1 YES 2 NO	in Pert  (Check on 28d.	Cerdlec or reeple Rd  24a. WAS AN PERFOR 1 YES 2  Other (Specify)  DESCRIBE HOW II  LOCATION (Street & City or Town, Stete)	AUTOPSY and Dyny Oc	24b	Approxime interval Be Onset and 4 mc

5	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 ma	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, g		IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must
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	L OR	DIR.	hou	Ter
	PITA	ERAL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	T. H.
	HOS	FUN	with	TAN
	표	THE	filed	20
	2	2	8	3

							9	33	22621	
	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)	Y				2. DATE OF DEATH DON'TH DA	NY Y	EAR 3. TH	ME OF DEATH	
	Sadie,	21/10/				071	9 19	193 2	145 M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE Country)	(State or Foreign	
	613-14-4613	1 🗆 M 2 🔀 F	9.6 YRS.	- CATS	moons   mm.	7	1D4		1.13-9	
1	9a. FACILITY NAME (If not institution, give :		1 0+	9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH		
1 6	John L. DOF	Atom Mo	ed. Center	13	AItO			MD		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		1 11 11 11							
1 2 2			10c. C11	Y, TOWN OR LOCA				-	INSIDE CITY LIMITS?	
	Maryland Balt	imore			sville				YES 2 NO	
NA NA				10	f. ZIP CODE		10g. CITIZE	N OF WHAT C	OUNTRY?	
W W	333 Harlem Lane				212	28	U.S			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes, or	CENDENT OF HISPA secify Cuben, Mexic i 2 A NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ly:	or No 14	Specify: White	nerican Indian, e, etc.	
E C	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	ost or wonang					
4	3 Years		Но	usewife						
Ó	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Maiden	Surname)			
BE	Charles	Green				Rebecca Mi	cca Mullinix			
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow				
F	Mrs. Mary Gamble		1011	0 Maplev	wood Driv	ve Ellicot	t City	v. MD	21043	
	20a. METHOD OF DISPOSITION  1  Burlel 2 Comment on 3  Rem 4  Donation 5 Other (Specify)	oval from State C6	b. PLACE AND DATE metery, crematory or c arroll C	OF DISPOSITION (Nather place)	ame of	DATE 20c. LO	CATION — CH	y or Town, St		
	21. SIGNATURE OF FUNERAL SERVICE LIE		arroir c	22. NAME A	ND ADDRESS OF F	ACILITY	mpstea			
a de la companya de l	· Stocke	mexen	by			n Funeral I i Liberty F				
3	23. PART I. Enter the diseases, or	complications that cause List only one cause on	ed the death. Do	not enter the mo	ode of dying, suc	ch as cardiac or resp	iratory arres	t,	Approximate	
	IMMEDIATE CAUSE (Final	List only one cause on	each line.						Interval Between Onset and Death	
	disease or condition resulting in death)	. Dronchop	reumono	i		ĺ				
	l contains an account	DUE TO (OR AS	A CONSEQUENCE O	E)·						
Z		Anosience	Anoxi enceshalo pathy with pereis fant vegetative state // mum DUE TO (OR AS A CONSEQUENCE OF):  Cardio pulmonary amest with resuscitation // mon DUE TO (OR AS A CONSEQUENCE OF):							
ERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	f): /	. /	11.	1 1			
5   5	CAUSE (Disease or Injury	· Cardio pul	monary o	inest u	with res	uscitation	/		11 months	
H	that initiated events									
E H	resulting in death) LAST	a. Broncho	meumo	ma					11 months	
	PART II. Other significant condition	ns contributing to death	but not resulting	in the underlyin	o cause given in	Part I. 24a. WAS AN	AITTOREY	245 WEDG	AUTOPSY FINDINGS	
MEDICAL	Rectal carcino					PERFO	RMED?	MAIL	ABLE PRIOR TO	
G	Pressure ulcar	, , , , ,				1 🗍 YES 2	(I) NO	OF DE		
Σ	Tressure wicer							1 🗆	YES 2 NO	
N N	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	heck only one)				
¥	1 VES 2 PNO  27. MANNER-OF DEATH	1 Inpatient 2 ER/Ou				6 Other (Specify)				
							RED			
B	2 Accident Investigation	280 PLACE OF IN HIS	W 44 hama ta-		YES 2 NO					
TED	3 Suicide 8 Could not be detarmined	26a. PLACE OF INJUR building, atc. (Sp	ecify)	street, factory, offic	:0	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route N	umber,	
7	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kno	wiedge, death occurr	ed at the time date	and place and de-	to the causele) and mo-	mar as stated			
COMPLET		ER: On the basis of examinati							nanner as stated.	
	29b. SIGNATURE AND TITLE OF CENTIFIE	1 1/			29c. LICENSE NU	MBER	29d, DATE S	HGRED (Month	7. Day, Year)	
BE	George Jalo	(Mary)			D198:		▶ 7.	20/9	3	
일	MAME AND ADDRESS OF HEREON WILL	O COMPLETED CAUSE OF D	FATH STEEL OF ST		0,10		/	20/10		

Baltimore,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF ICATE OF		MENTAL HYGIEN REG. NO					
1. DECEDENT'S NAME (First, Middle, L CHARLES	V.		GI	RAY	2. DATE OF DEATH	23 93 9:39				
4. SOCIAL SECURITY NUMBER 220-74-6446	6. SEX 6. A	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 19,1	BIRTHPLACE (State or Foreign Country) ARYLAND						
98. FACILITY NAME (If not institution, g	ENERAL HOSE	PITAL	96. CITY, TOWN	OR LOCATION OF D		9c. COUNT	9c. COUNTY OF DEATH  DORCHESTER			
10a. STATE 10b. CO			Y, TOWN OR LOCA AMBRIDGE	MATERIA.			10d. INSIDE CITY LIMITS? L' YES 2 NO			
100. STREET AND NUMBER 312 CRUSADER RO	OAD ART 10	11	10	21613		10g. CITIZEN OF WHAT COUNTRY?				
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1   Y	ER IN U.S. ARMED	13. WAS DE	SA 4. RACE — American Indian, Black, White, etc. Specify: WHITE						
15, DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		(Give kind of Ille. Do NOT u	CEDENT'S USUAL OCCUPATION live kind of work done during most of working Do NOT use retired.)  NONE  166. KIND OF BUSINESS/INDUSTRY							
17. FATHER'S NAME (First, Middle, Last BAYNARD GALLOWA	ME (First, Middle, Malden ICE GRAY									
19a. INFORMANT'S NAME (Type/Print) BEATRICE GRAY					Route Number, City or Tow T. 101, CA		GE, MD 21613			
20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE AND DATE			1	DATE 20c. LOCATION — City or Town, State 6/25 CAMBRIDGE, MD				
1 M Buriel 2 Cremation 3 Removed from State  4 Donation 5 Oner (Specify)  21. SIONATURE OF PUIEFAL SERVICE UCCUSE  22. NAME AND ADDRESS OF FACILITY  ZELLER FUNERAL HOME, P. O. BOX 20  106 MAIN STREET, EAST NEW MARKET										
Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Interv										
PART II. Other algnificent condi	Itiona contributing to deel		In the underlyli	ng cause given in	Part I. 24a, WAS AN PERFOR 1 TYES 2	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICA			26. 5	LACE OF DEATH (C)						
EXAMINER?  XXYES 2 NO  27. MANNER OF DEATH  1 Notural  1 Accident Investiget	HOSPITAL: 1 Inpetient 2X ARV  28a. DATE OF INJU (Month, Day, Ye	RY 28b. TIN	AE OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I	INJURY OCCU	URED			
2   Accident 3   Sulcide 4   Homicide  28a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
	HYSICIAN: To the best of my k						i. cause(a) and manner as stated.			
296. SIGNATURE AND TITLE OF CERT	Mull 1	ly		O. C. M.			SIONED (Month, Day, Year) -24-1993			
MARGARITA A.  31. DATE FILED (Month, Day, Year)	KORELL MD.	111 Per	nn Stre	et, Bal	timore,	Mary	land 21201			
.111 21 '93	Julia David	son-Pandell								



DHMH-16 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 70 hours after death with the State harm of Housing and Marriel Housing north and married free managing or removed.	IMPORTANT: If Ilem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Richard

31. DATE FILED (Month, Day, Year)

0 '93

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN		3 2	2623	
	1. DECEDENT'S NAME (First, Middle, Lest) MARGARET BRU	JCE	GRIMM			2. DATE OF DEATH			ME OF DEATH  : 30AM	
	4. SOCIAL SECURITY NUMBER 230-09-6159	5. SEX 6. AGE 1 FEMALE	E (In yrs. lest birthday) 82 YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH 0 (Month, Joy, 1007) 0 4 / 30 / 11	WE	SI VI	E (State or Foreign RGINIA	
OR	9a. FACILITY NAME (If not institution, give a CARROLL COUNTY GEN				N OR LOCATION OF D INSTER	EATH	CARRO	Y OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT CARI	TOP DECEDENT  106, COUNTY CARROLL  106, CITY, TOWN OR LOCATION WESTMINSTER								
FUNERAL	100. STREET AND NUMBER 205 ST. MARK WAY,	APT. 223			101. ZIP CODE 2115	8	10g. CITIZE	N OF WHAT	YES 2 NO	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 WidoweWi4 Wyeeged	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 TMO	If yes,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify: WHITE					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of interpretation of the DIRECTRE	work done during se retired.)	ATION most of working	16b. KIND OF BU	GOVT.	STRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) WINSTON LAFAYETTE	CARTER			MARY	AME (First, Middle, Maider BRUCE BOW	Surname)			
10	198. INFORMANT'S NAME (Type/Print)  199b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  ROBERT B. CARTER  36 SHERWOOD RD. COCKEYSVILLE MD 21030									
	20a. METHOD OF DISPOSITION BURGET A Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		BEAVER DA			1 - 1 - 1	• UNIO		DGE, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIN	O. War	bler	22. NAME	UNION	BRIDGE, MD	HARTZL	ER &	SONS	
	IMMEDIATE CAUSE (Final	List only one ceuse on a. Hepato-rer	aech line.					it,	Approximate Interval Between Onset and Death Immediat	
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Celiac, right renal and left carotid artery.  DUE TO (OR AS A CONSEQUENCE OF):  Arteriolar nephrosclerosis bilateral, marked  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other algnificant condition	PERFO	I. 24a. WAS AN AUTOPSY PERFORMED? 24		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	strations 2 DOA	OTHER:	. PLACE OF DEATH (C					
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	7 28b. TIM	E OF 28c.	INJURY AT WORK?  YES 2 NO		☐ Other (Specify)  Bd. DEŞCRIBE HOW INJURY OCCURED			
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, secify)	street, factory, o	ffica	281. LOCATION (Street City or Town, State	and Number or	Rural Route N	lumber,	
COMPLE	one) 2 MEDICAL EXAMIN	CLUB - the best of my kno							manner as stated.	
TO BE	256. SIGNATURE AND ATTLE OF CHITTEE	we the			Sections in	MDER 105	29d. DATE 5	2 Suc	a, Day, Year)	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carroll County General HOspital
32. MEGISTRAR'S SIGNATURE

Westminster, MD

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG	i. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR										
	Dora K.	Howard	In yrs. lest birthday)			July 2			3:10 A. M		
	4. SOCIAL SECURITY NUMBER 5. S 579-38-3564 1	1914	BIRTHPLACE (State or Foreign Country)     Maryland								
TOR	99. FACILITY NAME (If not institution, give street a  4915 Bicknell Road RESIDENCE OF DECEMENT	(resid		96. CITY, TOWN O Mari	OR LOCATION OF DE	АТН	(20.403	nty of D arle			
DIRECTOR	Md. 106. COUNTY Char]	.es		TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	4915 Bicknell Road				10g. CIT	WHAT COUNTRY?					
ВУ	1 Never Married 2 Merried	WAS DECEDENT EVER IF FORCES? 1 YES F YES, GIVE WAR OR D	S 2 XNO If yes, specify Cuban, Maxican			n, Puerto Rican, at	ify Yes or No— Ic.)	E — Amarican Indian, k, White, atc. #y: □⊖			
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp  Elementary/Secondary (0-12) Col  10 grades —	N leted)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOUSEW	rk done during mo retired.)	DN st of working	166. KIND C					
SOS	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI						
BE	Alfred Willett  190. INFORMANT'S NAME (Type/Print)		400 11411 1140		Daisy	-					
5	Harry Groves			Box 333		Cy Md.		r Town, State, Zip Code)			
	20a. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Removal f  4 Donation 5 Other (Specify)		PLACE AND DATE OF electy, cremetory or othe LYK HIII (		me of	OATE 20	ec. Location — city or Town, State  Maryland				
	21. SIGNATURE OF PUNERAL SERVICE LICENSE	Rebetter	M00658	22. NAME AN	ntt Funday 156,	CHITY			1		
	23. PART I. Enter the diseases, or companock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	Carrie	the deeth. Do no och line.	Bu	de of dying, such	n es cerdiec or	respiratory an	rest,	Approximate Interval Between Onset end Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):										
DICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUT PERFORME!  1   YES 2								WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN.	25. WAS CASE REFERRED TO MEDICAL			200							
SICI	EXAMINER? HO	SPITAL: Inpetient 2 - ER/Outp.		THER:	OF OEATH (Che		v4				
BY PHYSICIAN: ME	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. (N.J.)	URY AT	28d. OESCRIBE		CURED			
	- Decident	28a. PLACE OF INJURY building, atc. (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	JRY — At home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2   MEDICAL EXAMINER: On								) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	J- Bon	a no						29d. DATE SIGNEO (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COM Henry L. Burke, M.D	., 115-A L	aGrange A	Ave., P.			Plata.	Md -	20646		
	31. DATE FILEO (Month, Day, Ybar)	32. REGISTRAR'S SIGNA	Son-Randelle	٢							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Participant .

ye laman and a

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BALTIMORE, MARYLAND 21215-0020	at the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. By the attending otheridan and completely filled in by the financial director nans 5 should has described for use so the horizol francis assets.
RDS, P.O. BOX 68760,	ifficate be executed within 24 hor obvision and completely filled
RDS, P.O	at the death cert

BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.  shy filled in by the funeral director, page 5 should be detached for use as the burial-transit passion or sensors.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per he filled within 27 hours after death with the State hant of Health and Mental Hunishe prior to hard commence.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR			OF DEATH	MENIAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)  JULES HECHT				2. DATE OF DEATH MONTH	9 9	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.		IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	8. BIRTHPLACE (State or Foreign Country)		
- 4	092-05-0981   ¹\\$\mathbb{X} \mathbb{M} \cdot 2 \subseteq \ \ 71	YRS.			JUNE 12,	1902	PENNSYLVANIA		
œ	9a. FACILITY NAME (If not institution, give street and number)	0011		WN OR LOCATION OF	DEATH	- 4	ITY OF DEATH		
ē	HEBREW HOME OF GREATER WASHINGT	LON	ROC	KVILLE		110	~ tgo mery		
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY		
5	MARYI AND MONTGOMERY	S	ILVER	SPRING			14 YES 2 NO		
¥	MARYI AND 100. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WH			
FUNERAL	14508 HOMECREST ROAD #317			20	906	UNITED STATES			
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Midowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 24 IF YES, GIVE WAR OR DATES	ARMED	If yo	DECENDENT OF HISP s, specify Cuban, Mexi YES 2 NO Spec	ANIC ORIGIN? (Specify Ye can, Puerto Rican, etc.) city:	or No-	14. RACE — American Indian, Black, White, etc. Specify: WHITE		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S	USUAL OCCU	PATION	16b, KIND OF BU	SINESS/INDI			
COMPLETE	Elementary/Secondary (0-12) College (1-4 or 5+)			g most of working					
MP	12	BROKER				BUSIN	NESS		
	17. FATHER'S NAME (First, Middle, Lest)				NAME (First, Middle, Maiden				
BE	MICHAEL HECHT  19a. INFORMANT'S NAME (Non-Print)				LENA KRAUS				
임	MYRA RAVIT				INVIEW, L. I		V YORK 11806		
			OF DISPOSITIO				City or Town, State		
	4 Donation S Other (Specify) KING	# DAVI		RIAL GARD		LLS CE	HURCH, VIRGINIA		
	I Have to Him.		DAN	ZANSKY-GO	LDBERG MEMO				
	23. PART I Enter the dispases, or complications that caused the	death. Do r					ILLE, MD. 20852		
	shock, or neart fellure. List only one cause on each i	ine.		mode of dying, ac	ron an cardiac or resp	matory arre	interval Between		
ı	IMMEDIATE CAUSE (Finel disease or condition	Col	0 Co.	cia a	a of the	1 111	Onset and Death		
	resulting in death)  DUE TO (OR AS A CON	SEQUENCE OF	F):	Lawn	a of ac		J' fear		
z I	Sequentially list conditions,				0				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	SEQUENCE O	F):						
은	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CON:	SEQUENCE OF	Pi:						
E	resulting in death) LAST		,				į l		
	PADT II Other significant conditions contribution to death but								
SA	PART II. Other significant conditions contributing to death but no	ot resulting	in the under	lying ceuse given i	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
ᅙᆘ					1 🗆 YES :	No	COMPLETION OF CAUSE OF DEATH?		
WE					—	1	1 TES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL		2	6. PLACE OF DEATH (	Check only one)				
	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpetient	3 🗆 DOA	CITPLER:	Home 5 - Residence					
PHYS	27. MANNER OF DEATH 26s. DATE OF INJURY	28b, TIM	E OF 280	INJURY AT	28d. DESCRIBE NOW	NJURY OCC	CURED		
BY	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO								
_	3 Suicide 6 Could not be 4 Nomicide determined 289. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 289. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
MPLETED	29a. CERTIFIER 1 A CERTIFYING PHYSICIAN: To the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat o	double consum	4 -4 4 - 4						
COMP	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/								
ш	296. SIGNATURE AND TITLE OF CERTIFIER	01		29c. LICENSE N	UMBER	29d. DATE	SIGNED (Month, Day, Year)		
0 8	Victor nin . Tillender	ng FA	451919	m D/8	084	トナ	119/93		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type,	Print)	2.10	2 01		/		
	2) DATE SHED ALCOHOLOW MAN	1 M	ONTA	ESE RI	, sock	LLE	MD20852		
	31. DATE FILED (Months Day, Year) 32. REGISTRAR'S SIGNATURE	16.2							

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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit permit.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.

<b>L</b>	3	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  MANATURE OF DEATH													
,	- 1	WILLIAM	1 7	· .	OPKINS	SR					MONT	H 6	MY	YEAR	attoom. M
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is		IF UNDE	1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH		3. BIRTHP	LACE (State or Foreign
-		215-20-863	13	1 X M 2   F	67	YRS.	MONTHS	DAYS	HOURS	MM,	0.5	Day, Year)	26	Country)	yland
houle		9a, FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE	EATH		9c. COUN		
	O.	PRINCE RESIDENCE OF DEC	GEORGE	S HOSPIT	AL CENT	FR		CHE	VERLY	,			PRI	NCE	GEORGES
	덩	RESIDENCE OF DEC	10b. COUNT			7	TY, TOWN (						1		
	DIRECTOR	Maryland	Ave. 150		***	10c. CI									10d. INSIDE CITY LIMITS?
ımıt		Maryland Prince George  10. STREET AND NUMBER					пуа	_	Vill	_			T 40 - OITIT	YES 2 NO	
physician. burial-transit permit	FUNERAL	5015	53rd	Place,				- 1 "	207	_			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
ician. Il-tran	NS	11. MARITAL STATUS	JJIU	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13.	WAS DE			VIC ORIGIN	l? (Specify Ye			A .  - American Indian,
phys		1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES				NO	1	If yes, a	pecify Cubi	ın, Mexica	n, Puerto I	Rican, atc.)		Black,	White, etc.
by the hospital or attending physician. be detached for use as the burial-traa at once.	BY C	3 Widowed 4 Divo	rced						2628	9,000.,				Bla	ck
use a	COMPLETED	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	(0	Sive kind of	Work done		ION nost of working	ng	16b	KIND OF BU	SINESS/INDU	STRY	
d for	7	Elementary/Secondary (0		College (1-4 or 5	+)	Do NOT		-						0.5	
the hospital detached fo	ME	8th Grade			Bu	1101	ng s	ser						Of	Education
be de		Geo:		Hopkin	C				16. MOT			Middle, Maiden	_		
retained by 5 should be notified at	BE	19a. INFORMANT'S NAME (7			07/ 1	D. MAILIN	ADDRES	C /Ctract	and Mumba	GL	ace	Der, City or Tow	aham	2-4-1	-
	5	Mr William		scand-s		501	E E	D vc C	TO I a	or nunur	TT	Der, City or low	m, Stare, ∠up o	2	0781
ay be	1	20a, METHOD OF DISPOSIT	ION		20b. PLACE	AND DATE	OF DISPOS	SITION/A	Vame of		HYC	ttsv.	TTTE,		
ter death. Page 6 may be the funeral director, page wal.		1 Buriel 2 Crematic		oval from State	cemetery, cr	ematory or	other plece)	'em	eter	V	1	1 Mt			
Pag al dir		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	,		22.	NAME A	AND ADDRE	SS OF FA	CILITY	7 770-	D. D	7	20050
death. Pag e funeral di J. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Showden Funeral Home P.A. 20850 246 N.Washington St, Rockville, Md													
ours after of in by the or removal		23. PART i. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying such as cardiac or resolvatory armet.													
hours after death.  If it is not the funeral or removal.  medical exami		snock, or neer feliure. List only Dise cause bin each line.													
24 all all all all all all all all all al	- 1	disease or condition									Onset and Death				
ted within 24 completely fille ial, cremation, event, the		resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):													
8 2 - 5	z														İ
e be execute sician and conior to buria traumatic	CERTIFICATION	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
he death certificate be the attending physician Mental Hygiene prior to njury, or other traur	2	cause. Enter UNDERLYi CAUSE (Disease or Inju		c											
ling physygiene p	E	that initiated events resulting in death) LAS	T .	DUE TO	(OR AS A CONSE	OUENCE C	F):								
death certificate attending physicental Hygiene pri	8	d													
quires that the dean signed by the att		PART-II. Other significe						nderlyir	ng ceuee g	given in	Part i.	24s. WAS AN			VERE AUTOPSY FINDINGS
that ned by lith an	MEDICAL	Cardiop					int.				_	PERFOI			WAILABLE PRIOR TO COMPLETION OF CAUSE
quires n sign r Hea	E I	(Cardiopulmonary/Impairment									YES 2 NO				
law relas beer of Dept. of 23 sh	z			1											
cate has State De Item 2	S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					PLACE OF D	EATH (Che	eck only on	0)			
OR ATTENDING PHYSICIAN: The law requires that the CIRECTOR: After this certificate has been signed by the rours after death with the State Dept. of Health and Meltem 28 is marked, or Item 23 shows any injur	PHYSICIAN:	1 FYES 2 NO		1 Inpetient 2	ER/Outpatient :	DOA	4 - Nur		me 5 🗆 Re	eldence	6 🗆 Other	(Specify)			
HYSIC his ce with th	표	27. MANNER OF DEATH  1 Netural 5	Pending	28e. DATE OF (Month, D	INJURY Pay, Year)	28b. TIA	AE OF JURY		JURY AT ORK?		28d. DES	CRIBE HOW	NJURY OCCU	RED	
DING PHYS After this of death with s marked,	B		Investigation				М		YES 2	] NO					
TTENDI TOR: A after d			Could not be determined	28e. PLACE C building,	of INJURY — At he atc. (Specify)	ome, farm,	street, fact	lory, offi	ce			ATION (Street or Town, State)		r Rural Ro	ute Number,
OR ATTENDING DIRECTOR: After hours after death	H	And CERTIFIED													
₹ 4 K =	COMPL	(Check only		CIAN: To the best of											
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	S				xamination and/or	Investigati	on, in my c	opinion,	death occur	red at the	time, date	end placa, ar	nd due to the	cause(e)	and manner es stated.
TO THE Post of the filed v	BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	2	· non	7			29c. LICI	ENSE NUM	ABER		29d. DATE	SIGNED (	Wonth, Day, Year)
265₹	2	10. MANIE AND ADDRESS OF	PERSON WH	COMPLETED CAN	SE DE DEATH OF	94 OT /E-	D-(-4)		D.	212	30		/	-//	-93
		Author	OP,	Wiells	NAM (ITE	(آلام) (iyp) اکا~ولوستام	9/	24	bush	111	11	. C.	, In	10	1745
	1	31. DATE FILED (Month, Day,	Year)	A REGISTRA	A'S SIGNATURE	500	100	1	(NVO)	14	-	TUN	- 110	1 1	170
		1111 20	1993	Varia Da	A'S SIGNATURE	notett					/	V			

a	MITTER.
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100	J.
	Page

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit, be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is merked, or item 23 shows eny Injury, or other traumatic event, the medicel examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
-	1. DECEDENT'S NAME (First, Middle, Last)				100	2. DATE OF DEATH		3. TIME OF DEATH
		FRANCES	R. HA	LL		07-13-9	3 4	2:44 D M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		BIRTHPLACE (State or Foreign
	579-28-8851		59 yas.	MONTHS DAYS	HOURS MIN.	03-16-1	004	Country)
			7 This.				924	Maryland
-	9a. FACILITY NAME (If not institution, give stre	,		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
9	reater Laurel B	eltsville	Hosp	La	urel		PRT	NCE GEORGES
5	RESIDENCE OF DECEDENT							HOL GHOROLD
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Prin	ice George	es	Laur	el			1 X YES 2 □ NO
A	10e. STREET AND NUMBER			.10	ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
FUNERAL	336 Cokeland Dr	ive			2072	Δ	11	.S.A.
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		HC ORIGIN? (Specify Yes		. RACE American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, sp	ecify Cuban, Mexica	n, Puerto Rican, etc.)	U NU- 14.	Black, White, etc.
B	3 Widowed & Divorced	IF YES, GIVE WAR OR	DATES	1 U YES	2 X NO Specify	r:		Specify: Black
0	15. DECEDENT'S EDUC	ATION	16a, DECEDENT'S	USUAL OCCUPATION	W	16b. KIND OF BUS	INEBO (IND) IO	TOV
E	(Specify only highest grade c	ompleted)		work done during mo		IGE KIND OF BUS	MUCSSAINDOS	INT
7	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	- VA	mestic				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			AUG S CT C				
	Chester W. Hal	7				ME (First, Middle, Maiden	Surname)	
BE		. 1				ie Marr		
2	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
F	Carole Beaner (	Daughter)	731	Jeffe:	rston S	t., NW Wa	ashin	qton,DC
	20a. METHOD OF DISPOSITION	20	IN PLACE AND DATE	OF DISPOSITION IN	me of	DATE 20c 10c	CATION - CIN	or Town State
1	4 Donation 5 Other (Specify)	rel from State	metery, cremetory or o	ther place)	emeterv	7/19 521	ndv Si	pring, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	0	22. NAME AI	ID ADDRESS OF FA	CILITY		
- 1	Lange !	HIMIN	1011	SNOW	DEN FUN	ERAL HOMI	E, P.	A.
_	July 1.	10 now	een	ROCK	JILLE,	MD 20850	)	
	23. PART I. Enter the diseases, or do	mplications that cause on	ed the death. Do i	not antar tha mo	da of dying, such	h as cardiac or respi	ratory arrest	
- 1	shock, of heart fellure. L	at only one couse on	Cardiac	Arres				Interval Between Onset and Death
1	disease or condition resulting in death)	C	ARDIA	te A	PRES!	31		
	resulting in Geetil)		A CONSEQUENCE O			1		
2								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):				
¥ I	cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):				
눈	resulting in death) LAST							
빙	0.							
4	PART II. Other significant conditions				g cause given in	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS
DICAL	ENDSTAG	E RENA	L DIS	EASE		1 TYES 2		COMPLETION OF CAUSE
MEC	DIABET		LITUS					OF DEATH?
≥		11120	201143			- [		1 TYES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (Chi	not not one)		
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	10			
₹	27. MANNER OF DEATH	1 Inpetient 2 ER/Ou 28s. DATE OF INJURY			e 5 🗆 Residence			
ᅕ	1 Natural 5 Pending	(Month, Day, Year)		JURY WO	RK?	28d. DEŞCRIBE HOW II	NJURY OCCUR	≀ED .
ĕ I	2 Accident Investigation				res 2 No			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, atc. (Sp	IY — Al home, farm, ecify)	atreet, factory, offic	•	281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
COMPLETED	4   Homicide determined							
2	294. CERTIFIER CHETIFYING PHYSIC	AN: To the best of my kno	wiedge, death occurr	ed at the time, data	and place, and due	to the cause(s) and man	ner se stated.	
<u> </u>								ause(s) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	11/2						The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
8	AND GOMAIUNE AND THE OF CENTREN	MYVan			29c. LICENSE NUM	_	29d. DATE S	IGNED (Month, Day, Year)
2	OO MARKE AND COURSE				D 33	5942	- ()	15 93
	30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type	, Print)		0	0	, ,
		OGKL, N	10 72	0) 1	amover	Pancwa	4 6	seenbelt
	31. DATE FILED (Month, Day, Year)	32 MEGISTHAB'S SIG	NATURE					MD 20720
	JUL 1 9 1993	gune vaires	an Market					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceedings the filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF	TMENT OF ICATE OF	HEALTH AND DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	Hoffma	10			2. DATE OF DEATH MONTH	15-9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 048-01-4808	1 1 1 2   F	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign country) CNNSYLVANIA
DIRECTOR	98. FACILITY NAME (If not institution, give a GREATER LOUVE) - 1	Beltsville Ho	spital	9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	
딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	10c CIT	Y, TOWN OR LOC	ATION		7	10d. INSIDE CITY
E	MARYLAND MONT	GOMERY		ILVER S				LIMITS?
	10e. STREET AND NUMBER	OOILIKI			Of XIP CODE		10g, CITIZEN	OF WHAT COUNTRY?
8	10011 RAYNOR ROAD	)			20901			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	a or No- 14.	USA RACE — American Indian,
BY	1 Never Married 2 Amerried 3 Wildowed 4 Divorced	FORCES? 1 TYES	DATES		specify Cuban, Maxic S 2 NO Speci	en, Puerto Ricen, etc.) /y:		Black, White, etc.  Specify:  WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BU	SINESS/INDUST	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	vork done during r e retired.)	lost of working			
MP	12		ENGINEE	R		AVIA	TION	
	17. FATHER'S NAME (First, Middle, Last)	DIAN			18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
BE	JAMES WEBER HOFF  19a. INFORMANT'S NAME (Type/Print)	MAN	Ton and the		MA			
2	BARBARA SMOTHERS					Floute Number, City or Tox		77
	200, METHOD OF DISPOSITION	120	b. PLACE AND DATE	RAYNOR				LAND 20901
	1 NBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Ce	The tery cremetory or of ATE OF H	her place) EAVEN C	EMETERY		VER CDR	ING, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME	AND ADDRESS OF FA	CILITY		
	> Steven US	Stronel		500 U	IS J. COI NIVERSIT	LLINS FUNE	RAL HOM	E, INC. R.,MD.20901
	23. PART I. Enter the diseases, or especial control of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	complications that cause List only one cause on a	d the death. Do n	ot anter tha m	oda of dying, suc	ch as cardiac or reap	iratory arrest,	Approximata
	IMMEDIATE CAUSE (Final	List Only Dria Cause Oil a	iech iina.					Interval Between Onset and Death
	disease or condition resulting in death)	**	2515					
		DUE TO (OR AS	A CONSEQUENCE OF	7:				
S	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS	A CONSEQUENCE OF	ŋ:				
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c						ļ
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	ን:				
		d						
CAL	PART II. Other aignificant condition				ng cause given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
_	1)/8		NEZCIT		1	1 🗆 YES :	<u></u>	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED	- OR	MANIC B	12/4/10	SYIVA	rome			1 TES 2 1.NO
AN	25. WAS CASE REFERRED TO MEDICAL				N 400 00 00 00 1711 (0)			
泛	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)			
Ξ̈́	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	OF 28c. IA	me 5 □ Rasidence	6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURE	D
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day Yelar)	7 INJ	URY W	YES 2 NO			
- 18	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	r — At hogie, farm, a	treet, factory, off	ca	281. LOCATION (Street City or Town, State,	and Number or Ri	ural Route Number,
	4 Homicide determined	D355	NA			ony 0. 10011, 01010,		
COMPLETED		CIAN: To the best of my know R: On the basis of examination						ise(a) and manner as eleted
	29b. SIGNATURE AND TITLE OF CERTIFIER	_	•	THE STATES	29c. LICENSE NU			NED (Month, Day, Year)
BE	Myan a	lan	M)		1)24	997	<b>▶</b> 7	116/93
۵ ا	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typo,	Print)	2011	LAURET	und	20707
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE		7 01.	-8/1////		-0707
	JUL 1 9 1993	Fulia Davidson	-gandell					

if or attending physician.	for use as the burial-transit		
nay be retained by the hospitz	t page 5 should be detached		st be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	ion, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ertificate be executed within	ing physician and completely	giene prior to burial, cremati	other traumatic event, t
e law requires that the death	has been signed by the attend	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1 23 shows any Injury, or
VITENDING PHYSICIAN: The	CTOR: After this certificate	after death with the State	28 is marked, or Item
TO THE HOSPITAL OR A	TO THE FUNERAL DIRE	be filed within 72 hours	IMPORTANT: If Item

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	TMENT	OF H	DEATH	AND	MEN		<b>G.</b> NO.		93	22	6	29
	1. DECEDENT'S NAME (First	, Middle, Last)									DATE OF D	EATH			3. TIME	OF DEAT	TH
0	CATHERI	NE I	M. 1	HEFFERN	AN					Ι.	<b>и</b> онтн 7	15	W	93	7:35	5	P
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER 1		IF UNDER			DATE OF BI			8. BIRTI	HPLACE (SI		
Ş	578-05-0174		1 🗆 M 2 🔀 F	90	YRS.	MONTHS	DAYS	HOURS	MM.		Month, Day,		3	WAS!	m) HINGT	ON,	D.C
œ	96, FACILITY NAME (If not in		, i			9b. CITY, 1				EATH				NTY OF E			
DIRECTOR	SACRED HEA		ME			H:	ζAΤ	TSVI	LLE				PRII	VCE	GEORG	GE'S	;
IRE	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN OR	LOCAT	TION							10d, INSI	DE CITY	1
	MARYLAND  100. STREET AND NUMBER	MONT	GOMERY		GE	RMANT	-								1 TYES		NO
FUNERAL		h AMERI	TITALOTT T AND				101	. ZIP COD	-						WHAT COU	NTRY?	
N	11. MARITAL STATUS	3 AMET	HYST LAN			1		208	-		Part No.		USA				
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COMPLETED	15. DEC	EDENT'S EDU	CATION	16a. I	DECEDENT'S	USUAL OCC	UPATIO	ON			16b. KIND	OF BUS	SINESS/INC		. 1 15		
E	Elementary/Secondary (0		College (1-4 or 5		ile. Do NOT u	se retired.)	ing mo	IST OF WORK	ng								
MP	12			S	ECRET	ARY					U.S.	CHA	MBER	OF	COMM	ERCI	E
	17. FATHER'S NAME (First, M										First, Middle,	Maiden	Surname)				
BE	PATRICK  19e. INFORMANT'S NAME (1)		ERNAN						THE				/EN				
2	WILLIAM J.		TD.	1		ADDRESS (									0.0	07/	
	20a. METHOD OF DISPOSIT		, JK.			AMETH OF DISPOSIT			ie (	GER			MARY CATION -			874	
	1 XBurial 2 Crematic		oval from State	cemetery c	rematory or o	ET CE	MET	ERY		i.7	/19						
	21. SIGNATURE OF FUNERA	L SERVICE LIN	CENSEE	1100111	- ULIV	22. N/	ME AI	ND ADDRE	SS OF F	ACILIT	Υ				-		
	Make	so S	Cook	X							NS FU						01
	23. PART I. Enter the d	iseases, or e	complications that List only one cer	t caused the d	death. Do										Ap	proxim	ate
	IMMEDIATE CAUSE (Fir															ervai B	
	disease or condition resulting in death)	<b>→</b>	. Cere	eraf	4	nn	~	M	الملال	<u></u>							
			DUE TO	(OR AS A CONS	EQUENCE O	<del>ர</del> ி:	_	0.		/			2 (	1			
CERTIFICATION	Sequentially list condit	iona,	DUE TO	(OR AS A CONS	FOLIENCE O	e-01	25	Ca	100	0	vas	cal	Ry10	rsea	sp		
Ĭ¥.	If any, leading to imme cause. Enter UNDERLY	ING		(		. ,.									İ		
Ĕ	CAUSE (Disease or inju that initiated events		DUE TO	(OR AS A CONS	EQUENCE O	F):									-		
	resulting in death) LAS	T	d														
AL C	PART II. Other significa	int condition	ns contributing to	death but not	resulting	in the und	riyin	cause (	given in	Part	i. 24a.	WAS AN	AUTOPSY	241	. WERE AUT	TOPSY F	INDINGS
2			-illat						ñ			PERFOR			COMPLET		
	ALACTU	re.	1016	This							1''	YES 2	M NO		OF DEATH		NO
PHYSICIAN: MEDIC	0		9	0													
CIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				26, PI	ACE OF D	EATH (C	heck o	nly one)						
YSI	1 XYES 2 NO		1 Inpetient 2	ER/Outpatient	3 🗆 DOA	OTHER:	g Hom	• 5 □ Re	esidence	6 🗆	Other (Spec	cify)					
H	27. MANNER OF DEATH  1 Natural 5	Pending	28s. DATE Of (Mogth, L	Pay, Year)	28b. TIM	IE OF 2	WC	URY AT			. DESCRIBE						
BY	2 Accident	Investigation	7111			M	1 🔲		] NO	-	Kell						, 6
E		Could not be determined	building,	OF INJURY — At I etc. (Specify)	iome, tarm,	street, ractor	, ome	•		261.	City or Tow	(Street s	ind Number	or Rural	Route Numb	Her,	
9	29a. CERTIFIER	TIEVINO BUVO	ICIAN. To the best of		il de la company	21224 13	5,10	Estina									
COMPLETED			ICIAN: To the best of s IR: On the basis of s												s) and man	ner ee -	hetet
	29b. SIGNATURE AND TITLE			Λ.	Se A. A.	. 12.0	77		ENSE NU			, att					
BE	PROB.	Der.	breled	Hep	ry my	CALLER		4	S / A			.			(Month, De	-	
2	30 NAME AND ADDRESS OF	DEDCON WU	O COMPLETED CALL	C PC	9-1	200		, 0	- ( 4	J				-/	-	1-5	

31. DATE FILED (Month, Day, Year)

32. PEGISTRAR'S SIGNATURE
Julia Davidson Randalle

DHMH-18 Rev 1/89

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BALLIMORE, MARYLAND 2	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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,00	ed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	require:	been sign t. of Hea	shows
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use as the burial-transit

the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH EVELYN (NMN) HARIS July 16. 1200 Noon M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year)
Mar 25, 1914 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 🗌 M 2 🕁 F YRS. 79 Cyprus 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 10709 Bucknell Drive Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20902 10709 Bucknell Drive USA 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 21 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced Specify: ВҰ 1 YES 2 TONO White COMPLETED 15. OECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Restaurateur Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumarne) F Michael Kaourou Eleni Rousou notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1716 Woodwell Rd., Silver Spring, MD. 20906 George Haris 9 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF OISPOSITION (Name of DATE must 1 Burial 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) Parklawn Mem. Park 07-19-93 Rockville, Maryland 21. SIGNATURE OF UNERAL SERVICE AC examiner 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home orus 11800 New Hampshire Ave, Silver Spring, MD. тедіса Enter tha diseases, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert failure. List only one cause on each line. intarvai Between **IMMEDIATE CAUSE (Finel Onset and Death** 鲁 disease or condition arlerioscherdig vareula event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury . Enter UNDERLYING other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 9 Inlury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 - YES 2 NO 1 TYES 2 T NO 3 5 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 to Residence 8 ☐ Other (Specify) 6 27. MANNER OF GEATH marked, c 26e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, lactory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined item 28 is COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) IRNEST 10301 SER GEORGIA AUIZ, 32. SEGISTRANS SIGNATURE Pandell

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Sit De	-
BALTIMORE, MARYLAND 21215-0020 ther death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit. P	5

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

7/	1. DECEDENT'S NAME (First,									2. DATE OF DEATH			3. TIME OF DEATH
- "	DOROTH	YS.	HAGY							JULY 14	1	993	6:00 PM
	4. SOCIAL SECURITY NUME	BER	5, SEX	6. AGE (In yrs. I	est birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIRTH		a. BIRTI	HPLACE (State or Foreign
1	578-24-1259		1 🗆 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Mar 7, 19	09	Pan	ama Canal
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE			INTY OF D	
6	MONTGOM		ENERAL	HOSPI'	TAL		DLNE	ΣY			M	OTIC	GOMERY
Signal Signal	RESIDENCE OF DEC	10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
DIRECTOR	Maryland	Mon	tgomery					ring					LIMITS?
4	10e. STREET AND NUMBER		0 1				<u>-</u>	r. ZIP COD	E		10a, CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	9407 Ocala	Stree	t					2	0901			USA	
5	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DE	CENDENT (	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian,
ВУБ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	YES 2	X		If yes, sp	Pecify Cubs	n, Mexica Specify	n, Puerto Rican, etc.)		Spec	k, White, etc.
	**							Λ.					White
COMPLETED	(Specify only	EDENT'S EDU	CATION completed)	(	Give kind of a fe. Do NOT us	work done	during me	ON ost of worldi	ng	16b. KIND OF BUS	INESS/IN	DUSTRY	
7	Elementary/Secondary (0	1-12)	College (1-4 or 5 +	-)		emak				Self			
M	1.7 17. FATHER'S NAME (First, M	idelle, Lest)						40 4407	HEDIO MA	ME (First, Middle, Maiden			
Ö	George B. S		e										
BE	19a. INFORMANT'S NAME (7)			1	9b. MAILING	ADDRES	S (Street :			ret Garret  Route Number, City or Town		o Codel	
2	Virginia N	A. But	1er							er Spring,			01
	20a. METHOD OF DISPOSITI	ION		20b. PLACE	EANDDATE				DIIV				own, Stata
	1 S Burial 2 Crematio		oval from Stata		rematory or o			0 251	0.7				n. D.C.
	21. SIGNATURE OF FUNERUA	L MENVICE LIC	when 7/	- 100		22.	NAME A	ND ADDRE	SS OF FA	CILITY		ugto	II. D.C.
	1/1	15	10	-	_					Funeral H			
	23. PART I. Enter the di	seases, or o	omplications that	ceused the d	leath Dor	ot ente	1800	) New	Ham	pshire Ave	,Sil	ver	Spring, MD.
	snock, or he	eert feilure,	List only one cau	se Dn eech lin	16.			out of up	ing, suci	as cordiec or respir	atory er	rest,	Interval Between
	IMMEDIATE CAUSE (Fire disease or condition	101		(45)	TICE	m	14						Onset and Death
	reaulting in death)		DUE TO	(OR AS A CONSI	FOLIENCE OF	n.							nous
z				URIM	VAR	4	174	HCT	1	MECTI	V		day
CERTIFICATION	Sequentially list condition of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of	diate	DUE TO	OR AS A CONSE	EOUENCE OF	F):	7						
5	cause. Enter UNDERLYI CAUSE (Disease or Inju		B										,
E 1	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONS	EOUENCE O	F):							
<b>B</b>			d										
	PART II. Other algnifica	nt condition	e contributing to	death but not	reaulting	In the u	nderlyln	g ceuse (	lven in			24b	WERE AUTOPSY FINDINGS
MEDICAL		m								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
닐	Dei	MA	tip								(S) NO		OF DEATH?
ä													
X I	25. WAS CASE REFERRED TO EXAMINER?	) MEDICAL					28. PI	LACE OF D	EATH (Che	ck only one)			
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		no 5 🗆 Ra	aldenca	8 Other (Specify)			
PHYSICIAN	27. MANNER OF DEATH		28a. DATE OF (Month, De		28b. TIM		28c. IN.	JURY AT	T	28d. DESCRIBE HOW IN	JURY OC	CURED	
BY		Pending Investigation		20. VIII		M		YES 2	NO				
0		Could not be	28e, PLACE Of building,	F INJURY — At h	ome, farm, r	treet, fac	tory, offic	:0		281. LOCATION (Street a City or Town, State)	nd Number	r or Rural I	Route Number,
	4   Homicide	determined	2.1111.000										
립	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, d	leath occum	ed et the t	tima, data	and placa.	and dua	to the cause(s) and man	ner as ata	ted.	
COMPLET	one) 2 MEDI	CAL EXAMINE	R: On the basis of ax	amination and/or	Investigation	n, In my (	opinion, d	leath occur	ed at the	time, data and placa, and	dua to ti	ne cause(s	a) and manner as stated,
ш	296. SIGNATURE AND TITLE	OF CERTIFIER		211	10			29c. LICE	NSE NUM	BER	29d, DAT	E SIGNED	(Month, Day, Year)
TO B			1	VII	1/>			D	58	45)	•	7/19	5193
-	30. NAME AND ADDRESS OF	PERSON WA	COMPLETED CAUS	E OF DEATH (ITI			- 1			2010	01		141 1 2 2
	N.VON	TC V	up,	8111	MRI	VCE	3YK	741	D	K210,1	ツレ	ut	1 MD 2088
	31. DATE FILED (Month, Day, 1		132 AEGISTRA	Son-Rang	1.00					/			
	JOT TA	1993	1 min part	Mark-Mark									

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			Pages

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALLIMORE, MARYLAND 21215-0020	AL LIMORE, MARYLAND 21215-0020	1
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	leath. Page 6 may be retained by the hospital or attending physician.	Total Control
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	xaminer must be notified at once.	

	REGISTRAR	CE	RTIF	CATE C	F DEATH	REG. NO			
- 9	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEATH
	Esta Louise Harman					MONTH 2		YEAR -	7224
	4. SOCIAL SECURITY NUMBER 5. SEX 8	AGE (In yrs. las	t birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	1	BIRTHPLA	CE (State or Foreign
	215-14-2493 ¹□м²ᡚF	89	YRS.	MONTHS DA		(Morith, Day, Year) 04-08-		Mary1	
	9s. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOY	VN OR LOCATION OF D	EATH	9c. COUNT	TY OF DEATH	1
DIRECTOR	Westminster Nursing/Co	nv. C	tr.	Wes	tminster		Car	rroll	
Ä	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION			10d	I. INSIDE CITY
	Maryland Carroll			Westn	inster			1 [	LIMITS?
FUNERAL	10. STREET AND NUMBER				10f. ZIP CODE		.4.114.1	EN OF WHAT	
N I	1234 Washington Road  11. MARITAL STATUS  12. WAS DECEDENT 8	VED IN IL C AD	MED	40. 996	21157	NIC ORIGIN? (Specify Yes			tates
正	1 Never Married 2 Married FORCES? 1	YES 2 K	10	If yes	, specify Cuban, Mexico	in, Puerto Rican, etc.)	or No-	Black, Wh	American Indian, nits, etc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR	OR DATES		10	YES 2 NO Specif	y:		Specify: Whi	te
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	ive kind of w	USUAL OCCUP	ATION most of working	18b. KINO OF BUS	SINESS/INDU	STRY	
<b>W</b>	Elementary/Secondary (0-12) College (1-4 or 5+)	lite.	Do NOT us	e retired.)	•				
N N	8 17. FATHER'S NAME (First, Middle, Last)		Pac	ker				ıfact	uring
	Cyrus Harley Hoover				277.410 (0.04.42)	ME (First, Middle, Meiden a Ellen		1+0r	
BE	19a. INFORMANT'S NAME (Type/Print)	198	o. MAJLING	ADDRESS (Str	_	Route Number, City or Tow			
유	Larry D. Harman	1				Westmin			21157
	20a. METHOD OF DISPOSITION	20b. PLACE	AND DATE O	F DISPOSITION	(Name of	DATE 20c, LO	CATION - CI	ity or Town.	State
- 1	1 N Murial 2 □ Cremation 3 □ Removal from Stats 4 □ Donation 5 □ Other (Specify)	Mead	ow B	ranch	Cemeter	y7/26 We	stmir	nster	, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			Marc	e and adoress of fa	al Homo	<del>-</del>		
	Guegar Halahent	the	1104	91	Willis S	treet, W	estmi	inste	r. MD
	23. PART I. Enter the diseases, or complications that of	ausel the de	el Do n	ot enter the	mode of dying, suc	h as cardiac or respi	ratory arre	st,	Approximate
	shock, or heart fallure. List only one cause IMMEDIATE CAUSE (Final	on each line	. 4						Interval Between Onset and Death
- 1	disease or condition resulting in death)	A						i	
		AS A CONSEC	DUENCE OF	7):		-		1	
8	Sequentially list conditions,	VD							
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	R AS A CONSEC	MENCE OF	):				j	
윤	CAUSE (Disease or Injury C. C.	R AS A CONSEC	DUENCE OF	):				i	
F	resulting in death) LAST	AV							
	DART II Other should be start in the	100						+	
DICAL	PART II. Other algnificant conditions contributing to de	ath but not n	eaulting is	n the under	ying ceuse given in	Part I. 24s. WAS AN PERFOR		AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO
						1   YES 2	NO		MPLETION OF CAUSE OEATH?
ž								1 🗆	YES 2 10
AN	25. WAS CASE REFERRED TO MEDICAL			24	S. PLACE OF DEATH (C)				
PHYSICIAN: ME	EXAMINER?  1 YES 2 NO 1 Inpetient 2 E	R/Outpatient 3	DOA	QTHER:	fome 5 - Residence				
Ŧ	27. MANNER OF DEATH 28s. DATE OF IN	JURY	28b. TIME	E OF 28c	INJURY AT	28d. DESCRIBE HOW I	NJURY OCCU	JRED	
BY	1 Netural 5 Pending (Month, Day,	rear)	INJ		WORK?				
	3 Suicide 8 Could not be 28e. PLACE OF I building, atc	NJURY — At hou	me, ferm, s	treat, factory,	office	28f. LOCATION (Street a City or Town, State)	and Number or	r Rural Route	Number,
	4 Homicide determined								
릴	29s. CERTIFIER (Check only  1 CERTIFYING PHYSICIAN: To the best of my								
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of exam	ilnation and/or i	nveatigation	n, in my opinio	n, death occured at the	time, date and place, an	d due to the	ceuse(s) and	I manner as stated.
BE	286. SIGNOTURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	ABER	29d. DATE	SIGNED (Mor	nth, Day, Year)
5	W MAN AND ADDRESS OF PERSON WILL SHAPE	rh D	107.7	0.1.11	ノンナ	1435		7/2.	3/93
	AND AND ADDRESS OF PERSON WHO COMPLETED CAUSE	CALLET	27) (Type,		minst	2 m	1 3	2/11	9
į	31. DATE FILED (Month, Day Men)	SIGNAT	1/002	· KU	rvvvya	ary .	. 0	Y/5	/
	JUL 20 33								

U, BALIIMORE, MARYLAND 21215-0020	he law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physican	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ransi permeaning. 2. 3 should	remation, or removal.	1.23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exect	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumati

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND W	IENTAL HYGIEN		0 2200
	1. DECEDENT'S NAME (First, Middle, Last	. HANDY				2. DATE OF DEATH DO	9	ZEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-20-5516 98. FACILITY NAME (If not institution, give	5. SEX 6. MGE	34 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 1-2-09		BIRTNPLAGE (State or Foreign Country) Maryland
TOR	Dorchester Gener		100		lge, Md.	ATN		hester
DIRECTOR		n hester		ridge	ION			10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO
FUNERAL	520 Glenburn Ave				21613		.000	N OF WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D.	2 NO	If yes, spe	ENDENT OF NISPANI ocity Cuban, Mexican, 2 NO Specify:		or No — 14	Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION te completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo: etired.)	N I of working	16b. KIND OF BUS		TRY
OMP.	5th  17. FATNER'S NAME (First, Middle, Lest)		Domesti	С	18 MOTNED'S NAM	Houses		
	Unknown				Unkno		Sumeme)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		oute Number, City or Town	n, State, Zip Co	ode)
۲	Jean Jews		Mallar	d Bay N	Jursing H	ome, Cambi	ridge,	Md
	20e. METNOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rea  4 Donation 5 Other (Specify)	moval from State cem	PLACE AND DATE OF CHEET, crematory or other Ohn.s Cem	plece)		OATE 20c. LOG		y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME AN	D AODRESS OF FACI	LITY	30011	110,1
	/-		$\rightarrow$			ston, Md. Funeral Ho	ome	
	23. PART I. Enter the disease, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one ceuse on e	the desth. Do not sch line.		de of dying, such	ss cerdlec or respi	ratory erres	t, Approximate Interval Between Onset snd Death
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	b. DUE TO (ORIAS A	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	ns contributing to deeth b	ut not resulting in t	he underlying	cause given in P	art i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 40	HOSPITAL:		THER:	ACE OF DEATN (Chec			
Ä	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJL	5 Residence 6	Other (Specify)  28d. DESCRIBE NOW IN	LJURY OCCUR	EO
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Morith, Day, Year)	INJUR		RK? ES 2 NO			
	3 Suicide a Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, streetfy)	et, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
COMPLETED		SICIAN: To the beat of my knowl ER: On the basis of examination						suse(a) and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	a affer	las ph	zh	DITTY		29d. DATE S	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	32. REGISTRAR'S SINGLE		nd)				
	JUL () 6 1993	grandandor-A	or projection					

						F 💝	
ITEM:	1.	PER	MEO	FILM	G-703	9/10/93	t.t/d.j.c

- STATE REGISTRAR		CL		ICATE	- 01	DEA	111		REG. NO	•	-	
DECEDENT'S HAME (First, Middle, Las	" GLADYS D	ARLENE HOO	OPER					2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
Darlene-		ooper						07	13	19		0625
SOCIAL SECURITY HUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTH Country	PLACE (State or Foreig
214-70-6342	1 🗆 M 2 😾 F	3	3 YRS.	wowins	DATE	Moona	wire.		-21-59	)		RYLAND
e. FACILITY HAME (If not institution, give	e street and number)			96. CITY,	, TOWN O	R LOCATIO	ON OF DE	EATH		9c. COUN	TY OF D	ATH
Dorchester Ge	eneral H	ospital		Ca	ambr	rida	e			Do	rche	ester
De. STATE 10b. COUN			V	Y, TOWN O	OR LOCAT	ION						10d. INSIDE CITY
MARYLAND DOR	CHESTER	22 - 1	C	AMBRI	DCE							LIMITS?
De. STREET AND HUMBER	SHESTER		02	AMDKI	-	ZIP CODI	E			10a, CITIZ	ZEH OF W	HAT COUNTRY?
606 CARLTON COL	ידמו					216	1.2					
I. MARITAL STATUS		T EVER IH U.S. ARI	MED	13. 1	WAS DEC			VIC ORIGII	f? (Specify Ye	U.S		- American Indian,
Never Married 2 Married Widowed 4 Divorced		YES 2 TH		1	If yes, spe		n, Maxica	in, Puarto	Rican, etc.)		Black	, White, atc.
15. DECEDENT'S Et		16a. DEC	CEDENT'S	USUAL OC	CCUPATIO	)H		168	KIHD OF BU	SIHESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	He.	Do NOT u	work done o se retired.)	uunng mos	SCOT WORKE	N/					
12th			LABO	ORER					FARMI	NG		
. FATHER'S HAME (First, Middle, Last)						18. MOTE	HER'S HA	ME (First,	Middle, Maiden			100
JAMES H. HOOPI	ER, SR.					ELT	IZAB	ETH '	VIRGIN	та но	OPER	
a. IHFORMANT'S HAME (Type/Print)		196	b. MAILING	ADDRESS	S (Street a				ber, City or Tox			
JAMES H. HOOPI	ER		45 DI	ELAWA	RE A	AVE.	HUR	LOCK	MEADO	WS. H	IIRLO	CK. MD.2
Da. METHOD OF DISPOSITION		20b. PLACE A	AND DATE	OF DISPOS		1000		DAT		CATION -		
Burtal 2 Cremation 3 Re Donation 5 Other (Specify)	movel from State	- MALON	ME CI	other place) EMETF	ERY			7+17.	-98 MA	DISON	. МГ	
1. SIGNATURE OF THERAL BERVICE	LICENSEE					ID ADDRE	SS OF FA					
				22. 1	NAME AN	D ADDRE			$S \in NN \cap F$	SMIT	H H'I	IMPRAI CE
23. PART I Enter the diseases, D ahock, Dr heart fallur MMEDIATE CAUSE (Final Ilsease or condition	r complications that a. List only one cau	ise on aech line.	).	P not enter	tha mod	BOX	168°	7, E	ASTON,	MD.	2160	Approximate interval Bety
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ANOCK, Dr heart failure MMEDIATE CAUSE (Final Bleesee or condition esuiting in death)  Sequentially list conditions, if any, leading to Immediate lause. Enter UNDERLYING AUSE (Disease or Injury het initiated events esuiting in death) LAST  PART II. 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1	-	STATE REGISTRAR
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	1 - STATE REGISTRAR	SIAIE UP MAR		RTIF	ICATE C	F DEA	AND I	MENIAL HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH	
- 8	MARY PEARL	HUTCHINS						7 11	1	993	6:40 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last b	irthday)	IF UNDER 1 YE			7. DATE OF BIRTH		S. BIRTH	PLACE (State or Foreign	
	578-44-1399	1 ☐ M 2 🂢 F	103	YAS.	MONTHS DA	* HOURS	MIN.	(Month, Day, Year) 10 24 18	390	Balt	imore, MD	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	N OR LOCATI	ON OF DE			JNTY OF DE		
DIRECTOR	Spring Brook Adv	entist Nurs	ing Hor	me	Silve	r Spr	ing		M	ontgo	mery	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TV.										
E .		gomery			Y, TOWN OR LO						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	30mer y		211	ver Sp	101. ZIP COD			Division of		1 YES 2 NO	
RA	12325 New Hampsh:	ire Avenue				209			*		HAI COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARME	D	13 WAS		-	U.S.A				
BY FI	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1	YES 2 X NO	_	If yes	specify Cubs	n, Maxica	n, Puerto Ricen, etc.)	0.140—	Black	- American Indian, White, etc.	
0	15. DECEDENT'S EDI		16e, DECE	DENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	INESS/IN	DUSTRY	,,,,,	
E.	(Specify only highest grad Elementary/Secondary (0-12)	e completed) Coffege (1-4 or 5+)	(Give	kind of u	work done during se retired.)	most of working	ng					
AP L	8		Home	. Ma	ker			Own Ho	me			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		_			18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)			
BE	William H. Norris	3				Je	nnie	L. Farrow	J			
2	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Town				
	Mary Ruth DeGast		11	409	Allvi	ew Dri	ve,	Beltsville	, Ma	ryla	nd 20705	
	20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Ren	noval from Stata	cometery, crema	DONTE O	OF DISPOSITION	(Name of		DATE 20c. LO	CATION —	City or Tov	vn, Stata	
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENOSE	Fort Li	Lncc	In Cer	etery	7/14	4/1993 Bren	ntwo	od, M	aryland	
	700	) M	1					Ch's Sons Funeral Home, P.				
	Yack D	× Tries	d		473	9 Balt	imo	re Ave., Hya	atts	ville		
	23. PABY i. Enter the diseases, or ahock, or heert failure.	Complications that car	used the desti	h. Do r	not enter the	mode of dy	ing, suci	h aa csrdiec or respi	ratory ar	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final				. 1.	11		0 0			Onset and Death	
	disease or condition resulting in death)	a	6/	175	21116	4 K	as	Parleer			2 ronly	
		DUE TO (OR	AS A CONSEQUE	ENCE O	F):							
CERTIFICATION	Sequentially list conditions,	b DUE TO (OR	AS A CONSEQUE	ENCE OI	P:							
¥	If any, leading to immediate cause. Enter UNDERLYING	_									j	
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUE	ENCE OI	ŋ:							
	resulting in death) LAST	d										
	PART II. Other significant condition	na contributing to dea	th but not ree	ultina	n the under	dan seuse d	duan In	Post i Las uno su				
PHYSICIAN: MEDICAL			an but not less	uning i	n the under	And cedem (	liven in	Part i. 24a, WAS AN . PERFOR		10.00	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE	
ED								1 🗆 YES 2	O NO		OF DEATH?	
Σ								-			1 YES 2 NO	
MA	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF D	FATH (Ch	ack only one)				
Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/	Outpatient 3 🗆	DOA	OTHER:	lome 5 🗆 Re	aldence	6 ☐ Other (Specify)				
Ě	27. MANNEB OF DEATH	28a. DATE OF INJU (Month, Day, Ye		8b. TIM	E OF 28c.	INJURY AT		28d. DESCRIBE HOW IN	JURY OC	CURED		
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 16	reir)	INJ	M 1	WORK?	NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc.	JURY — At home, (Specify)	, farm, ı	street, factory, c	ffice		261. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Ro	oute Number,	
	4 Homicide detarmined							ony or rown, orang				
PL	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my i	nowledge, daath	occurre	ed at the time, o	lata and placa	and dua	to the cause(a) and man	ner as sta	ted.		
COMPLETED		ER: On the basis of axamir									and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF PENTIFE	n 0	. /	11	1	29c. LIQ	NSE NUM	IBER	29d, DAT	E SIGNED	(Month, Day, Year)	
m			M		,	1/	0	1089			12, 1993	
2	30. NAME AND ADDRESS OF PERSON WI			T) (Type,	Print)	- 1/	0					
	Dr. Michael Leib	owitz, M.D.	11120	) Ne	w Hamp	shire	Aver	nue, White	0ak	, MD		
	JUL 1 3 1002	32. REGISTRAR'S										
ĺ	JUL 1 3 1993 5	had a Davidson-	Pandell									

IMPORTANT: It frem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



DHMH-16 Rev 1/89

			U	EKIIF	ICALE	OF	DEAI	ГН		REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)									OF DEATH			3. TIME OF DEATH
<b>ANTHONY</b> R	OMERRO		HILL						.J11		3	93	10:45 P M
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH		O. BIRTHE	PLACE (State or Foreign
217-88-4867	•	1 🔀 M 2 🗆 F	26	YRS.	MONTHS	DAYS	HOURS	nord.		th, Day, Year) e 25,	1967	Wash	ington, D.C
9e, FACILITY NAME (If not in	stitution, give s	reet and number)			9b. CITY,	TOWN OR	LOCATI	ON OF DE		,		NTY OF DE	
4610 Eaton	Drive				Suitland						Pr.	ince	George's
RESIDENCE OF DEC	10b. COUNTY			T 40 . 000								LIICC	
1910				10c. CIT	Y, TOWN OF	FI LOCATIO	)N						10d, INSIDE CITY LIMITS?
MD  100. STREET AND NUMBER	Prir	ice Georg	e's		S	uit1							1 X YES 2 NO
	ъ.					101.	ZIP CODE						HAT COUNTRY?
4610 Eator	_Drive	12. WAS DECEDEN	T EVED IN ITS AT	MED	1 40 14	PC DECE		2074		N? (Specify Yes			States
1 Never Married 2	Married	FORCES? 1	YES 2 X	NO	H	yes, spec	Ify Cube	n, Mexica	n, Puerto	Rican, etc.)	or No-	Black,	— American Indian, White, etc.
3 Widowed 4 Divo	rced		nal Gua	rd)	'	☐ YES 2	[ANO	Specify	y:			Specify	r Black
	EDENT'S EDUC highest grade		16a. Di	CEDENT'S	USUAL OC	CUPATION	-1		16	b. KIND OF BUS	SINESS/INI		- 2001
Elementary/Secondary (0	-	College (1-4 or 5 +	- 46	. Do NOT us	se retired.)	uring most	or worker	g					
		2		S€	cret	ary				Gov	verni	ient	
17. FATHER'S NAME (First, M	iddle, Last)			0-0			18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
	d Whit	ley								anie H			
19a. INFORMANT'S NAME (7			19							ber, City or Town		Code)	
	anie F	erder						ive	, Su	itland			746
20a. METHOD OF DISPOSIT	n 3 🗆 Reme	oval from State	20b. PLACE cemetery, cri	ematory or o	ther place)				DAT			City or Tow	11.00
4 Donation 5 Other		ENCEE	Har	mony	Memo	rial	Par	k	7/10	/93 La	ndov	er. N	1D
	1	aL.		-300	22. N	NAME AND	ADDRE	SS OF FA	CILITY	Stewar	rt Fi	inera	1 Home
1/ohn		Il luon	X TIL		40	001 Be	ennir	g Rd.	, N.	E. Washi	ngton	, D.C.	20019
23. PART . Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure, ! lai	List only one cau	se on each line	b.		the mode	e of dyi	ng, suci	h aa car	diac or respi	ratory ar	rest,	Approximate Interval Between Onset and Death
Sequentially list conditi	000	x											
if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju	diate	DUE TO	OR AS A CONSE	QUENCE O	F):								
	~ <	à											
that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	OUENCE O	F):		-						
that initiated events resulting in death) LAS	1												
that initiated events	1					derlying	ceuse (	jiven in	Part i.	24a, WAS AN PERFOR			WERE AUTOPSY FINDINGS
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that initiated events resulting in death) LAS  PART II. Other alignifica  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 OH Accident  3 Suicide 6 OH Homicide  29e. CERTIFIER (Check only their interes) MEDI	nt condition  D MEDICAL  Pending investigation Could not be determined  If yilling PHYSIC CAL DAMNE	HOSPITAL:    Impetient 2   26a. DATE OF (Month, D. Duliding, Dank: To the best of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis of at the basis	ER/Outpetient 3 INJURY INJURY — At he ofte. (Specify)  my knowledge, de amination and/or	DOA 28b. TIM (NJ)	OTHER 4   Nursi	26. PLA: i: ing Home 28c. INJUI WORI 1  YE pry, office	S 2 nd place, th occur	EATH (Chi	8 Oth 28d. DE 281. LOC City	PERFOR  1 YES 2  1 YES 2  1 (Specify)  SCRIBE HOW III  CATION (Street a or Town, State)	MED?  NO  NJURY OC	CURED  r or Rural Ro	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  oute Number,  and manner as stated,
that initiated events resulting in death) LAS  PART II, Other aignifica  25. WAS CASE REFERRED TO EXAMINER?  1	ont condition  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Discontinuo  Dis	HOSPITAL:    Impetient 2     26a. DATE OF (Month, D. N/A     28a. PLACE O building,     CAN: To the best of a: On the basis of a: O COMPLETED CAUS.	ER/Outpetient 3 INJURY — At he etc. (Specify) Imy knowledge, demination and/or	DOA 28b. TIME INJURY INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGA	OTHER 4   Nursi E OF JURY M street, facto	26. PLAI: Ing Home 28c. INJUI WORI 1 YE  Ye, office me, data as	S 2 mid place, with occur	NO NO and due	28d. DE 28d. LOCATO to the catima, date	PERFOR  1 YES 2  1 YES 2  1 (Specify)  SCRIBE HOW III  CATION (Street a or Town, State)	MED?  NO  NJURY OC  Ind Number  Inner as star  d due to ti	CURED  r or Rural Rotted, he cause(s)	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  oute Number,  and manner as stated,

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JUL 1 4 1993

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page of filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020	Exercious after death. Page 6 may be retained by the hospital or attending physician. Fifted in by the funeral director, page 5 should be detached for use as the burial-truined on, or removal.  The medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-truinal held with the State Dept. Or Health and Mental Hygiene prior to burial, cremation, or removal.  The medical examiner must be notified at one.	THE CHILDREN IS NOT THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	C	ERTIFICA	TE OF	DEATH	REG. NO		
DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	A VEAD	3. TIME OF DEATH
Anthony Eugen	ne Henson				July 3,	1993 YEAR	1:20 a'
social security number 295-42-1015	5. SEX 8. AGE (In yrs. I	YRS. IF U	7	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) March 19	8. BIRT Coun	HPLACE (State or Foreign
Fort Washingt	on Medical Ce			LOCATION OF DE	ATH	9c. COUNTY OF	George's
n. STATE 10b. COUNT	ce George's		WN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
1600 Taylor			101. 2	0744		10g. CITIZEN OF	WHAT COUNTRY?
. MARITAL STATUS  Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 X YES 2 [ IF YES, GIVE WAR OR DATES  1/30/67-4/1	NO .	If yes, spec		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Blac	E - American Indian, ck, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION 16a. I College (1-4 or 5+)	DECEDENT'S USUI (Give kind of work of the Do NOT year reti Defense	Protec	of working	U.S.		f Defense
Garmond Hense				Julia	ME (First, Middle, Maiden M. Keit	t	
Tyzcer A. Hen					ashingto:		0744
De. METHOD OF DISPOSITION    Burlel 2   Cremetion 3   Rer   Donation 5   Other (Specify)     I. SIGNATURE OF FUNERAL SERVICE L	ICENSEE Mary	deeth. Do not e	etera 22. NAME AND House 4906	of Di Iverso	ggs Mort n Pl.,Te	uary mple Hi	7
MMEDIATE CAUSE (Finel lisease or condition esuiting in death)	b. DUE TO (OR AS A CONS	m! K	Plus	hest.	lme	1111	Onset and Dea
any, leading to immediate seuse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in deeth) LAST	C. DUE TO (OR AS A GONS	hopm	W.	Drube	tis roe	Utitos	
PART II. Other significent condition	ons contributing to death but no	t resulting in	e underlying	ceuse given in	Part i. 24a. WAS AI PERFO	RMED?	b). WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	3 DOA 4 D	THER:	S Residence	eck only one)  8  Other (Specify)		
	1	28b. TIME OF	28c. INJU	RY AT	28d. DESCRIBE HOW	INJURY OCCURED	
7. MANNEB OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY		ES 2 NO			
1 Natural 5 Pending	(Month, Day, Year)		M 1 🗆 YI		281. LOCATION (Street City or Town, State	and Number or Rura )	I Route Number,
1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 9e. CERTIFIER (Check only cont)	(Month, Day, Year)  28e. PLACE OF INJURY — At	home, farm, etree	M 1 VI	end place, and due	City or Town, State	enner as stated.	
1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 9e. CERTIFIER (Check only cont)	(Month, Day, Year)  28e. PLACE OF INJURY — At building, etc. (Specify)  SICIAN: To the best of my knowledge, NER: On the basis of examination and/	home, farm, etree	M 1 VI	end place, and due	City or Town, State to the cause(a) and ma	enner as stated.	e(a) and manner as stated.



the file of the same

1 1	HAITH, S	st, Middle, Last) JAMES							2. DATI	REG. NO.	NY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	MBER	5. SEX	6. AGE (In	yrs. last birthday	IF UNDER 1 YE	IN IFUN	IDER 24 HRS.	7. DATE	OF BIRTH		9343	9 4 (T)
1	245-09-1	203	1 🔲 M 2 🗆 F	74	YRS.	MONTHS DA	'B HOUR	MIN.	(Mon	y 6,19	070	Country)	
. 3	Se. FACILITY NAME (If not		street and number)			9b. CITY, TO	N OR LOC	ATION OF DE		, 0,23		TY OF DEA	ington
DIRECTOR	V.A. Medi	cal C	Center			Peri	yvi	lle			C	ecil	
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D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  LA:  PART II. Other signific  25. WAS CASE REFERRED  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 CERCIDION  29. 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DE	24a. WAS AN / PERFORM 1 YES 2.  ATION (Street e. or Town, State)	AUTOPSY MED?  NJURY OCCI	24b. WARED  URED  Or Flural Flouring	Approximinterval B. 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TO THE HIGHTIA IN STITEMENT The law requires that the death certificate he meanted within 24 hours when dooth Done 6 may be received by the housing
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEF	PARTMEN'	T OF H	EALTH AND	MENTAL	HYGIEN REG. NO	E 9	3	22639	,
	1. DECEDENT'S NAME (First, Middle, Last)							DF DEATH		3	. TIME OF DEATH	-
	NOA	H E.	HARRISO	N			Jun	e 28,	"1993 <sup>'</sup>	EAR	2025	N
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birtho	"	R 1 YEAR	IF UNDER 24 HRS.	7. DATE (	OF BIRTH		BIRTHPL	ACE (State or Foreign	_
	219-30-7261	1XXM 2 □ F	87 YR	IS. MONTHS	DAYS	HOURS MIN.	Feb	Day, Year)	1906	Country)	ryland	
_	9e. FACILITY NAME (If not institution, give s			9b. CITY	, TOWN O	R LOCATION OF D			9c. COUNTY			_
5	Frederick Mem	orial Hosp	ital		Fre	derick			Fr	eder	ick	
2	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT	1	100	CITY, TOWN (	OB LOCATI	ON						=
DIRECTOR	Maryland	Howard		o., 10		dbine					Dd. INSIDE CITY LIMITS?	
	10a. STREET AND NUMBER					ZIP CODE			100 CITIZEI		T COUNTRY?	
EB	2934 Florenc	e Road				21797			log. Office	US		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13.	WAS DECE	NDENT OF HISPAI	NIC ORIGIN	(Specify Yee	or No.— 14		- American Indian,	_
BY F	1 Never Merried 2 Merried	FORCES? 1			If yes, spe	city Cuben, Mexica 2 NO Specif	n, Puerto R	Ican, stc.)		Black, \ Specify:	Yhite, elc.	
	3€ Widowed 4 □ Divorced		-								White	
ETED.	15. DECEDENT'S EDUI (Specify only highest grade	completed)	(Give kind	IT'S USUAL O	during mos	N t of working	16b.	KIND OF BUS	SINESS/INDUS	TRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	or use retired.) Labore			7.7		0 1	-		
COMPL	17. FATHER'S NAME (First, Middle, Last)		-	ranore	I.	40 1400010000				/ Ro	ads Dept.	
		. Harrison				18. MOTHER'S NA			Sumeme) llivar			
BE	190. INFORMANT'S NAME (Type/Print)			ING ADDRESS	S (Street er	d Number or Rural						_
5	Gerald N. Harri	son				e Road,						
	200 METHOD OF DISPOSITION	HER SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SE	20b. PLACE AND DA	TE OF DISPOS	SITION (Nan	ne of	DATE	_	CATION — CIN		State	_
	1 Donation 5 Other (Specify)	oval from State	cemetery, cremetory	or other plece)	Chap	el 7/	1/93	F	lorenc	e. N	/id •	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				ADDRESS OF FA	-, -, -					_
	1 (Olin La	Molone	on the			. Moles						
	23. PART I. Enter the diseases, or o	omplications that ca	used the daath. I	Do not anter	tha mod	Ridge R	h as cardi	Jamasc ac pr reapl	us. Mc	. 21	Approximata	_
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only ona cause t	on aach iina.						albiy allos	•	Interval Betwee	
	disease or condition resulting in death)	Pa	act 1		- 0	. 0	-				Onset and Das	CET
	resolving in death)	DUE TO (OR	AS A CONSEQUENC	E OF):		Const	ni				<del> </del>	_
Z	Sequentially list conditions,	a	AS A CONSEQUENCE	scle	20-4	5						
CERTIFICATION	If any, leading to immediate	DUE TO (OR	AS A CONSEQUENC	E OF):								
은	Cause. Enter UNDERLYING CAUSE (Disease or injury	DIJE TO (OR	AS A CONSEQUENC	E OF								_
≣	that initiated events resulting in death) LAST	302 10 (011	AS A CONSEQUENC	E OF):								
핑											İ	_
4	PART II. Other significant condition	contributing to dea	th but not resulti	ng in the un	darlying	causa given in	Part I.	24a, WAS AN			ERE AUTOPSY FINDINGS	s
MEDIC		nesten						1 TES 2		CC	OMPLETION OF CAUSE DEATH?	
¥											YES 2 NO	
Z												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF DEATH (Ch	eck only one	)				
ΙΥS	1 YES 2 NO	1) Inpatient 2 ER/		A 4 🗆 Nun	sing Home	5 - Residence						
	1 Natural 5 Pending	(Month, Day, Ye	JRY 26b.	TIME OF INJURY	28c. INJU WOR	K?	26d. DE\$0	RIBE HOW IN	IJURY OCCUR	ED		
B	2 Accident Investigation	28a PLACE OF IN.	JURY — Al home, ler	m street feet		S 2 NO	201 1 000	man co.				_
COMPLETED	4 Homicide 8 Could not be	building, etc.	(Specify)	in, aireet, ract	ory, office		City o	Town, State)	nd Number or I	Rural Roul	e Number,	
9	290. CERTIFIER CERTIFYING PHYSIC	NAM: To the best of our b										_
MP	(Check only one)  2 MEDICAL EXAMINE	R: On the best of my i	nation end/or investig	ation. In my o	ime, date e	ind place, end due	to the caus	e(e) end man	ner as stated.	(a) a		
	29h. SIGNATURE AND TITLE OF CENTURES							no piece, en				
8	MI	un				29c. LICENSE NUM	49 G	4	DATE SI	SINED (M	onth, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM 27)	Type, Print)		0,70		/	-/	- /	, , ,	
		Miller, M			ell	Dr., Mt.	. Air	y, Md.	2177	l		
	24 DATE EN CD (March Day March				-							_
	JUL UZ 199,	32. HEGISTHAN'S	idson-Randa	22								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a titer death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)	VIII SILLI		CATE OF		REG. N		3. TIME OF DEATH		
Emily Eli:	zabeth		leil		July 1	4, 19	93 10:15		
	SEX 6. AGE	E (In yrs. lest birthday) 8 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-18-191		BIRTHPLACE (State or Foreign Country) ennsylvania		
9a. FACILITY NAME (If not institution, give street	21.	01	9b. CITY, TOWN	OR LOCATION OF D			Y OF DEATH		
9a. FACILITY NAME (If not institution, give street and number)  Calvert Memorial Hospital  Prince Frederick  Calvert  RESIDENCE OF DECEDENT									
Maryland Calver			TOWN DR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 12963 Ottawa Drive				1. ZIP CODE 20657	Tail.	U.S.	A .		
11. MARITAL STATUS 12 1	. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	8 2 X NO	if yes, s	CENDENT OF HISPA beetly Cuban, Maxic 3 2 X NO Specific	NIC ORIGIN? (Specify ) an, Puarlo Rican, etc.) fy:		N. RACE — American Indian, Black, White, etc. Specify: White		
15. OECEOENT'S EOUCATI (Specify only highest grade con Elementary/Secondary (0-12)  Grade 11	ON pleted) ollege (1-4 or 5+)		USUAL OCCUPATION Ork done during most of working e retired.)				STRY		
17. FATHER'S NAME (First, Middle, Last)  James Miller	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)								
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To		ode)		
Kathleen Ann Heil	(Daughter)				by, MD 206				
20a. METHOD OF OISPOSITION 1 Burial 2 (X Cremation 3 Removal 4 Donation 5 Other (Specify)		0b. PLACE AND DATE Of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of			DATE 20c. I	ocation — ca	a, Virginia		
21. SIGNATURE OF FUNERAL SERVICE UCENS		*	22. NAME A	ND ADORESS OF FA	CILITY	1405 Br	oomes Isl. Ro		
23. PART I. Enter the diseases, Dr com shock, or heart failure. List IMMEDIATE CAUSE (Finsi disease or condition	Dnly one cause on	eech line.	ot enter the me	ode of dying, suc	ch as cardisc or res	piretory srres	Approximate interval Betwee Onset and Dec		
resulting in death) a	SEPS IS	A CONSEQUENCE OF	:				To NY		
Sequentially list conditions, b	PNEUMO						3 week		
if sny, leading to immediate cause. Enter UNDERLYING	BRAIN DUE TO (OR AS	METS					3 monts		
	CARCINO						3 month		
PART II. Other significent conditions of	ontributing to death	but not resulting l	the underlying	ng cause given in	Part I. 24a, WAS /	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO		
COPD					1   YES	2 NO	COMPLETION OF CAUSE OF DEATH?		
	OSPITAL: ☑ Inpatient 2 □ ER/Ou	decilere 2 🗆 DOS	OTHER:	LACE OF DEATH (C					
27. MANNER OF DEATH  1 N Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	7 285 TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	once 8 Other (Specify)  28d. DEŞCRIBE HOW INJURY OCCURED				
I C HOUNDANN	28e. PLACE OF INJUR building, atc. (Sp	RY — At home, tarm, s	reet, factory, offi	Ce	28f. LOCATION (Stree City or Yown, Sta	et and Number or te)	Rural Route Number,		
3 Suicide 8 Could not be 4 Homicide detarmined					4.7				

296. SIGNATURE AND TITLE OF CERTIFIER 4/93 D36969 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Dr. Scaria Mathew, MD. Prince Frederick, Maryland 2067 gran wandson-Author

DX 68760, BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR After this conflicte has been singled by the otherwise and completely filled in by the funderal director was a should be described for use as the best of the filled in by the funderal director was a should be described for use as the best of the filled in by the funderal director was a should be described for use as the best of the filled in by the funderal director was a should be described for use as the best of the filled in by the funderal director was a should be described for use as the best of the filled in by the funderal director was a should be described for use as the filled in by the funderal director was a should be described for use as the filled in by the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funderal director was a should be described for the funder
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be	DIRECTOR: After this cartificate has been sinned by the attending observing

ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician do completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 26 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	JAMES J. IN	abiNett				MONTH OF	Y YEAR	100000000000000000000000000000000000000
			In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	93	
				MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	TTHPLACE (State or Foreign untry)
	077 02 0312		52 YRS.	111		10/29/193	0 Was	hington, DC
_	9a. FACILITY NAME (If not institution, give stree	et and number)		9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	FDEATH
DIRECTOR	Greater Laurel Be	ltsville Hos	spital	Laurel			Prince	George's
5	RESIDENCE OF DECEDENT							000180 0
#	10e. STATE 10b. COUNTY			, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
								1 X YES 2 NO
A	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	5316 Chesapeake Ro	oad			20781		U.S	Δ
3		2. WAS DECEDENT EVER IN	U.S. ARMED			IC ORIGIN? (Specify Yea		ACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, spe	cify Cuban, Mexicar	n, Puarto Rican, etc.)	В	eck, White, atc.
B	3 🔯 Widowed 4 🗌 Divorced	IF TES, GIVE WAN ON DA	(IES	1 U YES	2 NO Specify		Sp	ecify:
₽.	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S	USUAL OCCUPATIO	N.	16b. KIND OF BUS	INESS/INDITETES	White
	(Specify only highest grade col		(Give kind of w life. Do NOT use	rork done during mos a retired.)	st of working	Governm		
7	12	College (1-4 or 5 +)	Supervi	cor		Office		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Supervi	1501				
	Daniel William Ina	shinotto C.		i		WE (First, Middle, Maiden	Sumame)	
H		abiliette, Si			Marie 1			
ဍ	19a. INFORMANT'S NAME (Type/Print)	m 1.				loute Number, City or Town		
	Bernadette M. Van	Pelt	21//5	Sunnysi	de Avenu	e, Rock Ha	ll, Mar	yland 21661
	20a. METHOD OF DISPOSITION  1) Buriel 2 Cremation 3 Remove	20b.	PLACE AND DATE O	F DISPOSITION (Ner	me of	DATE 20c. LOC	CATION — City or	Town, State
	4 Donation 5 Other (Specify)	Ga	te of He	aven Cen	netery 7/	12/93 Silv	er Spri	ing, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE A		22. NAME AN	D ADDRESS OF FAC	HLITY		
	►7/1/2 ±	4				's Sons Fu		
	A Conclan	ce das	en	4739	Baltimore	e Avenue,	Hyattsv	ille, MD
	23. PART I. Enter the diseases, or con shock, or heart feliure. Lis	nplications that caused	the death. Do no	ot enter the mod	de of dying, such	as cardiac or reapli	ratory arrest,	Approximate
1			_					Interval Between Onset and Death
	disease or condition resulting in death)	Car Di	10 Re80	iratore	1 assu	256.		
	a	DUE TO (OR AS A CHP, BY DUE TO (OR AS A CHP)	CONSEQUENCE OF	):			-	
z		1 Schemit	cerro	operació	sally	*		1
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):				
8	cause. Enter UNDERLYING	CHF. 181	a plen	ral PA	kin a			
画	CAUSE (Disease or Injury 5 c that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):		0-		
ᇤ	resulting in death) LAST	As mala	m Dm	enmor	119.	COPD		
뜅								
DICAL	PART II. Other significant conditions of	contributing to death be	it not reaulting li	n the underlying	ceuse given in I	Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS
일	Chr. At	85cl H85	ilalia	A .		PERFORI		AMAILABLE PRIOR TO COMPLETION DF CAUSE
ш	· SID moral	value	ninla	201- 0-	/	1   YES 2	LAPNO	DF DEATH?
Σ			wy-con-	er cu	/	—		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
<u> </u>	EXAMINER?	IOSPITAL:		OTHER:	ACE OF DEATH (Che	ck only one)		
IYS		Inpetient 2 - ER/Outpe	ntient 3 DOA	4 - Nursing Home	5 - Residence 8	B ☐ Other (Specify)		
표	27. MANNER OF DEATH  1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		JRY AT RK?	28d. DESCRIBE HOW IN	JURY OCCURED	
B	2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, st	reet, factory, offica		281. LOCATION (Street as City or Town, State)	nd Number or Run	il Route Number,
COMPLETED	4 Homicide determined	A Property Co. Co.				ony or rown, orders,		
2	29a. CERTIFIER CERTIFYING PHYSICIA	N: To the best of my knowle	edge, death occurred	d at the time date	and place, and due t	to the cause/s) and man	nas on stated	
N N	one) 2 MEDICAL EXAMINER;							-(a) and annual or stated
3				, in my opinion, de	and occurred at the t	mie, data and place, enc	dua to the caus	e(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE, OF CERTIFIER		~		29c. LICENSE NUM		29d. DATE SIGN	ED (Month, Day, Year)
10	ien	myor.	?		1)425	80	D 7/6	7193
-	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	Rd. Ch	everly M	1) 20	785
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA						
	JUL 1 2 1993 La	i Davidson-Ran	dell					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospit TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	IEALTH AND	MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1	3. TIME OF OEATH		
	Vivian M Jones	3				монтн 07	18 1993			
	4. SOCIAL SECURITY NUMBER 216-54-9744	1 - M 2 DE 9		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year /1-29-/	8. Bi	RTHPLACE (State or Foreign unity)		
DIRECTOR	Sa. FACILITY NAME (If not institution, give at BETIN NUISING & RESIDENCE OF DECEDENT	Rehibilitation	Center	Beslin	OR LOCATION OF D	EATH /	9c. COUNTY O	chester-		
	Md. 10a. STATE 10b. COUNTY	rchester	1,16	aleysu	ille, M	nd.		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	11807 Shepherds	Crossing Re	d.	100	21872		10g. CITIZEN C	F WHAT COUNTRY?		
BY FUI	11. MABITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 PNO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 (7) 416 Speci	NIC ORIGIN? (Specify in, Puerto Rican, etc.) ly:		ACE — American Indian, lack, White, etc.		
	15. DECEDENT'S EDUC		16a. OECEDENT'S US	UAL OCCUPATION	ON .	16h KIND OF	BUSINESS/INDUSTR	BIR		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give kind of won life. Do NOT use n	k done during mo	st of working	7	omest			
S S	17. FATHER'S NAME (First, Middle Last)		9,00	10 3110	18. MOTHER'S NA	ME (First, Middle, Maid				
BE C	Feter Dun	can			Henr	ie Jo.	nes			
10	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8534 Whaleys Wille, Md. Whaleys wille Rd									
	26s Mat HOD OF DISPOSITION 1 Jurial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	rvai from State 20b.	PLACE AND DATE OF I	DISPOSITION (Na	Ce metre	DATE 20c.	LOCATION I City of	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	(4)14112		D ADDRESS OF	CILITY	indity sing	there =		
	·	70		LEWI	Rd.	Salish	inerpo	d. 21801		
	23. PART I. Enter the diseeses, or co shock, or heart fellure. L	list only one ceuse on ea	ch lina.					Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition		1	n	0.0	Ann ni Pn	4	Onset and Death		
ŀ	resulting in death)	- CA	12010	10	esp.	MARA	13'	med		
_		DOE TO (OH AS A	CONSEQUENCE OF):	CON	010	-1 0.	1	1 20-		
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	C# 2	tpi	pr grn	episo	4/02		
CERTIFICATION	cause. Enter UNDERLYING	D	· 4					į į		
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
EH	resulting in death) LAST									
AL C	PART II. Other eignificent conditions	contributing to death bu	it not resulting-in t	the underlying	ceuse given in	Part i. 24a was	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
2	Canci	NOhn	0/ 8		neth		ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
8	Endlop	1.	19	1	2 -0	1 TYES	2X NO	OF DEATH?		
2 :		7	76.16	,, ,,				1 TYES 2 X NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				
SIC		HOSPITAL: 1   Inpetient 2   ER/Outpe	tient 3 🗆 DOA	THER: Nursing Hom	5 🗆 Residence	8 Other (Specify)				
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		28d. DESCRIBE HOV	V INJURY OCCURED			
BY	1 X Natural 5 Pending Investigation				ES 2 NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Specif	At home, farm, stre	et, factory, office		26f. LOCATION (Stree City or Town, Sta	et and Number or Rur te)	al Route Number,		
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowle	rdge, death occurred a	t the time, date	and place, and due	to the cause(e) and a	Name of stated			
MO	one) 2 MEDICAL EXAMINER	: On the basis of examination	and/or investigation, i	n my opinion, de	eath occured at the	time, data and placa,	and due to the caus	e(s) and manner as stated.		
	296. BIGNATURE AND TITLE OF CERTIFIER			1	29c. LICENSE NUI			ED (Month, Day, Year)		
D BE	2000	7			D02026		13-	tot=>		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CARSE OF DEA	TH (ITEM 27) (Type, Pri	nt)			7	1600		
	Federico G. Arth	nes, M.D. 10	622A Ocea	n Pine	s, Berli	n MD. 21	.811	19.432		
6	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE							
	111 2 1 1993 9	holia Davidson-Ra	ndell							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts efter death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Deut, of Health and Mental Hyclene prior to build, cernation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMEN'	T OF H	EALTH DEAT	AND I	MENTA	L HYGIEN		3	22643
	1. DECEDENT'S NAME (First, Middle, Last) Paul Wilson Jones					- 01			MONT	OF DEATH	AY	YEAR	3. TIME OF DEATH 14:00 M
	4. SOCIAL SECURITY NUMBER 222-01-9429	5. SEX 1 🖾 M 2 🗌 F	7						7 DATE	OF BIRTH		Countr	IPLACE (State or Foreign
TOR	9a. FACIUTY NAME (If not institution, give a Union Hospital of RESIDENCE OF DECEDENT		ounty			r, town o	n LOCATIO	ON OF DE	ATH		9c. COUN	cil	EATH
DIRECTOR	Maryland Ce	cil				Eas				<u></u>			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 113 Harvey Street				10f. ZIP CODE 1						S.A.		
B≺	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	WAR OR DATES	NO	ı	If yes, sp	ENDENT O	n, Mexice	n, Puerto	N? (Specify Ye Ricen, etc.)	Yes or No- 14. RACE — American Indian, Black, White, etc. Specity: White		
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G	CEDENT'S live kind of w Do NOT us	ork done e retired.)	during mo	st of workin	-	164	b. KIND OF BU	Gover		
BE COM	17. FATHER'S NAME (First, Middle, Last) Harry Jones	N/A		quipi	Herre	орс		IER'S NA		Middle, Maiden		me	II C
TO B	190. INFORMANT'S NAME (Type/Print) Hilda M. Jones	·								t, MD	n, State, Zip (		
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remaid 4 Donation 8 Other (Specify) 21. SIGNATURE OF FURIERAL SERVICE UC		20b. PLACE	AND DATE OF	bec place!	etho	dist		. 7/	25 No	rth E	ast	wn, State , MD
	· Wobel	1 h	nes		C:	rouc 27 S	h Furouth	nera Mai	l Ho n St	. Nor	th Ea	st,	MD 21901
	23. PART I. Enter the diseases, or o shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition	complications that List only one ceu	t caused the de ise on each line (4-1)	eath. Do n	ot enter	the mo	de of dyi	ng, auc	h aa cer	dec or reep	iratory arre	est,	Approximata interval Batween Onaet and Daath
NO	Sequentially list conditions,	b	(OR AS A CONSE										
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	h	(OR AS A CONSE										
CERT	resulting in death) LAST	d	death hut est		- Ab								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpstlent 3	□ 00A	OTHEI	R:	ACE OF O						
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey. Year)  28b. TIME OF INJURY (Month, Dey. Year)  28b. TIME OF INJURY M 1 YES 2 NO						28d. DESCRIBE HOW INJURY OCCUREO					
	3 Suicide 8 Could not be determined	28a. PLACE O building,	F INJURY — At ho etc. (Specify)	ma, farm, s	treet, laci	lory, office				CATION (Street or Town, State)		or Rural R	loute Number,
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	R: On the bests of e											) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	lou	ele	U TOTAL	Believi		Da		83		_		(Month, Day, Year) 3-73

M.D. 322 E-Cecil Auc. North EAST, June Dandson-Hondale

12vA

30. NAME AND ADDRESS OF PERSON WHO
MADLY SACHDEY

31. DATE FILED (Month, Day, Year)

JUL 23 93

DHMH-16 Rev 1/89

No. of St.

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DE			<b>MENTAL HYGIENE</b>
CER	TIFICATE OF	DEATH	REG NO

HEGISTHAR CERTIFICATE OF DEATH REG. NO.									
COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)  RUFF ODE SSA		Johnson			2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH A YEAR 3. TIME OF DEATH A YEAR 3. 100 M			
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YE	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign	
	213-30-6313	1 M 2 📡 F	60 YRS.	ONTHS DAY	'S HOURS MIN.	(Month, Day, Year) 8/5/32	M M	ountry)	
	9e. FACILITY NAME (If not institution, give str	., ,	9b. CITY, TOWN OR LOCATION OF D						
	Hartord Mem	spifal	al HAKEDE GRACE Harford				ford		
	The STATE AND COUNTY							10d. INSIDE CITY	
	MD Harf	Hav	Havre de Grace			LIMITS?			
	10a. STREET AND NUMBER					101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?	
	4174 Webster-Lapidum Road				21078		USA		
	11. MARITAL STATUS  1 Never Merried 2 Merried FORCES? 1 YE		ES 2 NO		S DECENDENT OF NISPANIC ORIGIN? (Specify Yes, specify Cuben, Mexican, Puerto Rican, etc.)		te or No— 14. RACE — American Indian, Black, White, etc.		
	3 Wildowed 4 Divorced IF YES, GIVE WAR O		A DATES 1 YES :		ES ZY NO Specify:		Specify: Black		
	15. DECEDENT'S EDUC (Specify only highest grade of	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF BUS	SINESS/INDUSTR			
	Elementary/Secondary (0-12) College (1-4 or 5+)		life. Do NOT use retired.)			1			
	12 yrs 5+		School	School teacher			Education		
			18. MOTHER'S NAME (First, Middle, Meiden Surneme) Frances Ruth Dorsey						
BE	James Jones  190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	19b. MAILING ADDRESS (Street and Number or Rural Route N					
2	Augustus Johns	4174 Webster-Lapidum Rd. Havre de Grace, MD							
	20e. METHOD OF DISPOSITION 1 Seriel 2 Cremetion 3 Remo		ACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State						
	4 Donation 5 Other (Specify) ST ) Ja.			ames Cem. Gravel 7/17 Havre de Grace, MD					
	22. NAME AND ADDRESS OF FACILITY Arnold W. Beard Funeral Service						Service		
P.O. Box 188 Hay							de Gr		
	23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or haert fellure. List only one cause on each line.  Approximate interval Between								
	IMMEDIATE CAUSE (Final Dawt							Onset and Daath	
	resulting in death)	DIVent	ricular	(0	2010C	+allu	re		
CERTIFICATION	_	DILPH	se into	TEL	Fel no	Luxun	1 Lit	1200	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
CA									
E	that initiated events resulting in death) LAST								
E G									
	PART II, Other significant conditions	contributing to deat	h but not resulting in	the underl	ying cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO	
EDICAL	1) atrial flutter wit			116	Lock	1 [] YES 2	The second	COMPLETION OF CAUSE OF DEATH?	
2	2) Ucuro remai fai			24		_		1 - YES 2 - NO	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
	EXAMINERY HOSPITAL: OTHER:								
ž	1 UNDSTREET 2 ER/Outpettent 3 DOA 4 Nursing Monte 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  284. DATE OF INJURY  285. TIME OF 286. INJURY AT 286. DESCRIBE HOW INJURY OCCURRED								
٠ ۲	1 Notering 5 Pending (Month, Day, Near) INJURY WORK? 2 Accident Investigation							*	
	3 Suitside 8 Could not be 29s. PLACE OF INJURY — At hor building, etc. (Specific)			nome, farm, street, factory, office 286			BE. LOCATION (Street and Number or Russi Route Number, City or State)		
EI	4 Momicide determined City or Revn. State)								
COMPLETED	29e. CERTIFIER (Check only 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee atated.								
ő	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end memor ee stated.								
H	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE/SIGNED (Month, Day, Year)								
2	30 NAME AND ADDRESS OF PURSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
H	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE								
	nn 26'93	32. REGISTRAR'S SI	on-Randelle					MO. 402	
	AN CU JU	М	•						

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIF	ICATE O	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEAT	Н	
	ELWOOD R.	J	ACKSO	N			15 ~ 199		4:45 F	Ми	
	4. SOCIAL SECURITY NUMBER 5. SEX		s. last birthday)	IF UNDER 1 YEAR		7. DATE OF B (Month, Day	NRTH	8. BIRT	HPLACE (State or Fo	reign	
	220-03-4921 1 XM 2	13	YRS.	MONTHS DAYS		9-20	0-1917	Ma	ryland		
Œ	9a. FACILITY NAME (If not institution, give street and number 29543 Golton Drive			96. CITY, TOWN	OR LOCATION OF DE	EATH		albo			
6	RESIDENCE OF DECEDENT			Last	.011		1 10				
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY		
2	Maryland Talbot		E	aston				1 - YES 2	No		
A	10e. STREET AND NUMBER				Of. ZIP CODE		10g. CI	WHAT COUNTRY?			
ER	29543 Golton Drive				21601		T T	JSA			
FUNERAL		CEDENT EVER IN U.S	S. ARMED		ECENOENT OF HISPAN			14. RAC	CE — American India	in,	
ВУ	1 Never Married 22 Merried FORCES IF YES, Wildowed 4 Divorced W W	GIVE WAR OR DATES	3	1 🗆 Y	S 2 NO Specify	y:	, stc.,	Soe	white		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	164	a. DECEDENT'S	USUAL OCCUPA	FION	16b. KIN	D OF BUSINESS/II	•	.,,,,,		
	Elementary/Secondary (0-12) College (1-	4 or 5+)	life. Do NOT u	work done during is se retired.)	nost of working						
P P	6 TV Repairman Electronics										
2	17. FATHER'S NAME (First, Middle, Last)						e, Maiden Surname)				
BE	George L. Jackson	1 McQı			N.						
0	19a. INFORMANT'S NAME (Type/Print)  Madeline S. Jackson  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  29543 Golton Drive, Easton, MD 216										
						_					
	20s METHOD OF DISPOSITION  1 MBurisi 2 Cremetion 3 Removal from St  4 Donation 5 Other (Specify)	ata 20b. Pt.	etary, cremator)	or other place)	metery	OATE	20c. LOCATION	— City or 1	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ma.	vete	22. NAME	MICCELY AND ADDRESS OF FA	CILITY	BenTa	in,	MD		
- 10				Newr	am Fune	ral H	ome, P	.A.			
	JOHN R. MEA	RCERON	CFS	200	S. Harr	ison	St. E	asto	Approxim		
	ahock, or heart failure. List only or iMMEDIATE CAUSE (Finel disease or condition resulting in death)		ina.	i.s.	Jarla		al an		Interval R	etween	
NOI	Sequentially list conditions, firely, leading to immediate  Due to (OR AS A CONSCOUENCE OR):										
CERTIFICATION	CAUSE, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events  C.  DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST					<u>_</u> _	<u>_</u>				
	PART II. Other aignificant conditions contribut	ting to death but	not resulting	In the underly	ing cause given in	Part I. 24	n. WAS AN AUTOPS	Y 24	Ib. WERE AUTOPSY F	INDINGS	
DICAL	Clime Obst.	her			dissas		PERFORMED?		AVAILABLE PRIOR COMPLETION OF		
		1	~~~			-   ''	TES AL NO		OF DEATH?	NO	
2	-										
A	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (CA	neck only one)					
Sic	EXAMINER?  1 YES 2 NO 1 Inpatie	AL: int 2 - ER/Outpatie	ent 3 🗆 DOA	OTHER: 4 Nursing H	ome 5 Residence	6 Other (Sp	pecify)				
PHYSICIAN: ME	1 Netural 5 Pending	NATE OF INJURY Month, Day, Year)	28b. Til	JURY	NJURY AT WORK?	28d. DEŞCRI	BE HOW INJURY O	CCURED			
ED BY	2 Abcident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	LACE OF INJURY — ullding, etc. (Specify)	At home, farm,				ON (Street and Number, State)	ber or Rura	I Route Number,		
H	29s. CENTIFIER										
COMPLETED	(Check only one)  CERTIFYING PHYSICIAN: To the particular on the bar of the particular on the bar of the particular on the bar of the particular on the bar of the particular on the bar of the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the particular on the	/							e(s) and menner as s	stated.	
H	296. SIGNATURE AND TITLE OF CERTIFIER	at	(N)		29c. LICENSE NU	MBER 4	29d. D	ATE SIGN	ED (Month Day, Year)		
2	M. NAME AND AODRESS OF PERSON WHO COMPLETE				100 =				1111		
	Albert T. Dawkins 31. DATE FILED (Month, Day, Year) 32. RE	Jr.,	M.D.,	508 I	dlewild	AVe.	Easto	n, l	WD		
		Javidson P									
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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AL C	100	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=
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	1 - STATE REGISTRAR	0	.,	CERTIF	ICATE OF	DEAT	H		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	<del>-</del> -						2. DATE OF	DEATH			3. TIME OF DEA	TH
	ANNA J JONES							0 7	19	1 1	993	8:00	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF			8. BIRTH	IPLACE (State or F	oreign
	578-20-8115	1 🗆 M 2 💢 F	96	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, E		1807	Count	w) ginia	2007
	9e. FACILITY NAME (If not institution, give at	reet and number)			96. CITY, TOWN	OR LOCATIO	N OF OE		03/	T	UNTY OF D		
BY FUNERAL DIRECTOR	FORT WASHINGTON	MEDICA	AL CEI	NTER	FORT V				MD			GEORGE	S
EC	10+. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CIT	Y
2	Maryland Prin	ce George	e's	Fo	rt Wash:	ingto	n					LIMITS?	
AL	10s. STREET AND NUMBER					1. ZIP CODE				10g, CI	TIZEN OF V	VHAT COUNTRY?	, 110
NER	12021 Livingston					20744 U.S.A.					Α.		
5	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. YES 2	ARMED NO				IIC ORIGIN? (		or No-	14. RACI	— American Indi	lan,
Β	3 🖟 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR OATES			2 Å NO	Specify		,,			"White	
0	15. DECEDENT'S EDUC	CATION	180	DECEDENT'S	USUAL OCCUPATI	ON		16h KI	ND OF BU	SINESS/IA			_
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		(Give kind of a	work done during made retired.)	ost of working	7	lou. K	110 01 00	011423711	DOSTRI		
COMPLETED	12		′	Self	Employed	İ		To	urist	Hon	ne Op	erator	
ő	17. FATHER'S NAME (First, Middle, Last)					d Tourist Home Operator  18. MOTHER'S NAME (First, Middle, Maiden Sumeme)							
BE (	William Clore					Violet Stewart							
5	19e. INFORMANT'S NAME (Type/Print)					S (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
F	Cynthia C. Rolli	ns		5810	Middleta	Leton Court, Camp Springs, Md.20748							
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 Å Cremation 3 ☐ Remo	wal from State	20b. PLA	CE AND DATE	OF OISPOSITION (N	ame of				CATION -	- City or To	wn, Slate	
	4 Donetion 6 Other (Specify)		Met	ropoli	tan Cren			/14/9:	A]	exar	ndria	, Va.	
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	)		22. NAME A					- 77			
	Heares (4)	Hall	01	,	6160	ge P	. Ka	las Fu	unera	T Ho	ome	Md.20745	_
$\neg$	23. PART I. Entar the diseeses, or c	omplications that	caused tha	daath. Do r	ot antar the mo	da of dyir	ig, sucl	h as cardied	or reap	iratory a	rrest,	Approxim	
	shock, of haert feilure. I	ist only one ceu	se on each	line.								interval B	
	disease or condition	UROSE	212										
	rosotting in death)			ISEQUENCE OF	F):							<del>-  </del>	
Z	Sequanticity list conditions,	D. ARTERIOSCLEROTIC PERIPHERAL VASCULAR DISEASE OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	if any, leading to immediata	OUE TO	OR AS A CON	SEQUENCE OF	7):								
2	cause. Entar UNDERLYING CAUSE (Disease or injury												
Ē	that initiated events resulting in death) LAST	DUE TO	(OR AS A CON	SEQUENCE OF	7):								
崽													
	PART ii. Other aignificant conditions	contributing to	death but no	ot resulting	n the undariyin	g causa gi	ven in	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY F	INDINGS
2	MULTI-INFARCT	DEMENT	IA, S	EITUR	E DISOI	RDER			PERFOR			AWAILABLE PRIOR COMPLETION OF	
								_   '	1ES 4	ON 123		DF DEATH?	
=								_				1 NES 2	NO
Ž	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. P	ACE OF DE	ATH (Che	ock only one)					
Sic	1 NES 2 X NO	HOSPITAL;	ER/Outpatient	3 DOA	OTHER: 4 - Nursing Hon	e 5 🗆 Res	Idence	6 Other (S	pecify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY by Year)	28b. TIM	E OF 28c. IN.	URY AT		28d. DESCR		NJURY O	CUREO		
BY	1 Natural 5 Pending 2 Accident Investigation					YES 2	NO						
	3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — All etc. (Specify)	home, farm, s	treet, lactory, offic	•		261. LOCATIO	ON (Street (	and Numbe	or or Rural F	loute Number,	
	4 Homicide determined							Oily or i	own, State)				
COMPLETED	29a. CERTIFIER (Check only	IAN: To the best of	my knowledge	, death occurre	d at the time, date	end place,	and due	to the ceuse(	e) end mer	ner se st	rted.		
S	one) 2 MEDICAL EXAMINER											) end menner ee s	anted.
	296. SIGNATURE AND TITLE OF CERTIFIER		-			29c. LICEN						(Month, Day, Year)	
BE	William J. De	anne 1	M.				5206						002
2				TEM 27) (Type,	Print)	U );	, 200	,		J	ULT	14, 19	777
	30. NAME AND ADDRESS OF PERSON WHO WILLIAM T. Tann 11701 LIVINGSTO	er, M.D.	SHIT	F #10	1 FT W	SHIN	IC T	N M	D 24	7 / /			
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATUR	E		. 3 11 1 1	, U I (	J 1 9 11	0 2	J / 44			
	JUL 1 5 1993	Alia Dav	idson-R	indelle									
	101 101444	14-1-0	DMMM-16 Day 1/00										

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Division of which neconds, r.o. Box 68769,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	AL DIRECTOR: After this certificate has been signed by the attending physician and completely	2 hours after death with the State Bent of Health and Mental Hunjage prior to burial premati
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	HEGISTHAR		CERTIF	ICATE U	F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	L.	JA	CKSO	DN	2. DATE OF DEATH	AY 93 YEA	3. TIME OF OEATH A
	4. SOCIAL SECURITY NUMBER 578-44-6455	5. SEX 6. AGE	(In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH	s. B.	IRTHPLACE (State or Foreign outling)
Œ	9a. FACILITY NAME (If not institution, give at				N OR LOCATION OF DE	EATH	9c. COUNTY C	
OT O	Greater Laurel	-Beltsvill	e Hosp	Lau	rel		Prince	George's
DIRECTOR		ontgomery	Si	lver.	Spring			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	13905 Pondvie				20905		1 -	DF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 NDivorced	12. WAS DECEOENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR O	2 XNO	If yes,	Specify Cuban, Maxica (ES 2 NO Specify			RACE — American Indian, Black, White, atc.
COMPLETED	15. OECEDENT'S EQUE (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. OECEDENT'S (Give kind of ville. Do NOT us Clerk	vork done during	ATION most of working	16b. KINO OF BU		rnment
	17. FATHER'S NAME (First, Middle, Last) Herbert Leon	Pleasant				ME (First, Middle, Maiden e Montag	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Beverly J./Whee	eler	196. MAILING Same	AODRESS (Stre		Route Number, City or Tow		)
	20s. METHOD OF DISPOSITION 1- Buriel 2 Cremation 3 Remo	oval from Stata 20t	p. PLACE AND DATE Of netery, cremetory or of Harmony	of disposition	(Name of Park 7/	DATE 20c. LO	cation – city o	r Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	M. P.	att	22. NAME 4 9	S.Washin 25 Burro	gton & S ughs Ave	ons,in	ic.
	23. PART I. Enter the diseases, or can shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	d the daeth. Do nech line.  LUNA A CONSEQUENCE OF	oni	~	h as cardiec or resp	iratory arrest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF					
EDICAL	PART II. Other significant condition	a contributing to death be with	out not resulting i	n the underly	ring ceuse given in	Part I. 24s. WAS AN PERFOR	RMEO?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO
AN: M								
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	netlant 3 🗆 DOA	OTHER:	PLACE OF OEATH (Che			
ВУ РНУ	27. MANNER OF OEATH  1 Vetural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	injury at work?  YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCURED	)
ETED B	3 Suicide 8 Could not be determined	8 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Rout						
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE!	TIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  DICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as						
O BE	296. SIGNATURE 1000 STITLE OF CHITTIFIER	MD			29g. LICENSE NUM	19ER 7 4 7	29d. DATE SIGN	NEO (Month, Day, Year)
F	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type,	Print)	8317 Cl	verry L	ine L	aurel MD
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	JURE Rande	02				20707

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be doed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

22648 93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		- 2-	3. TIME OF DEATH		
	John W. J	ohnson						монтн 20		93	2:00 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign		
	212-12-3649	1 M 2 D F	87	YRS.	NTHS DAYS	HOURS	MIN.	(Month, Day, Year)	06	Country	" md.		
	9a. FACILITY NAME (If not institution, give s	treet and number)		98	CITY, TOWN	OR LOCATI	ON OF DE	ЕАТН	-	NTY OF D	EATH		
OR	Alice Byrd Ta	wes Nur	sina H	ome	Cr	15 F	Ela	1	50	ME	VSET		
5	RESIDENCE OF DECEDENT  10a. STATE 1 10b. COUNT												
DIRECTOR	mil S.		+	10c. CITY, 1	LOWR		4,1	11			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	MERSE	-/			, ZIP COD		-	1 40- 0171	ZEN OF W	1 VES 2 XNO		
FUNERAL	7941 1120	Faller	Ctar	Rt	100	7/	87	1	log. Citi	//	COUNTRY		
Š	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13. WAS DEC	ENDENT O	OF HISPAN	NIC ORIGIN? (Specify Yes	or No.	14 BACE	- American Indian		
	1 Never Married 2 Married	FORCES? 1	MAR OR DATES		If yes, ap	ecify Cube	Black	- American Indian,					
BY	3 📉 Widowed 4 🗌 Divorced					BIACK							
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ve kind of work	UAL OCCUPATION		ng	16b. KIND OF BUS	SINESS/INC	USTRY			
اير	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	Do NOT use re						. 6	· . T ]		
Ž	17. FATHER'S NAME (First, Middle, Lest)			LAUD	r.Kr	Diam'r.				1	RH tood		
	1-11-1	7/200				18. MOT	Mer's NA	ME (First, Middle, Maiden	1				
BE	190. INFORMANT'S NAME (Type/Print)	Chuson		19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code)									
2	MARY 1311	124 /1/s	tore 5	744	Dela	1 SKI	51	Cary or low	) State, 24	9/2	1 2		
	20a METHOD OF DISPOSITION 1 OF Surial 2 Cremation 3 Rem	- N W 14	20b. PLACE	ND DATE OF D	ISPOSITION (Ne	ame of	011	DATE 20c, LO	CATION -	City or To	wn. State		
	4 Donation 5 Other (Specify)	oval from State	camejes/, cre	mater or other	place  /	Em	7.	2.100	rmon	-	nd.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	ND ADDRE	SS OF FA				21817		
	Mathan 2 / And Inthomaton Aug the war Mine									1 - 4M)			
	23. PART I. Enter the diseases, or o	complications the	it caused the de	eth. Do not	enter the mo	de of dy	ing. auc	h as cardiac or respi	ratory arr	est.	Approximate		
	shock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one car	use on each line							<b></b>	Interval Between Onsel-and Daeth		
	disease or condition	D	alrete	· VI	1000	etu	, 7	Ellrom	cal		Vaces		
	resulting in desth)	DUE TO	(OR AS A CONSEC					0-011			1		
Z		b											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF):									
2	CAUSE (Disease or Injury	c											
E	that initiated events resulting in death) LAST	905 10	(OR AS A CONSEC	WENCE OF):									
E I		đ											
	PART II. Other significant condition	a contributing to	death but not r	duiting in t	he inderlyin	g cause (	given in	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS		
EDICAL	severe Pe	refore	rul to	escu	war 1	res	ear	PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME	H- Mosten	due	CUC	luse	are	_			1		1 YES 2 NO		
	COPP												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERT 1	HOSPITAL:		14	26, PI	ACE OF D	EATH (Ch	eck only one)					
YSI	1 THE 2 NO		ER/Outpatient 3	□ DOA 4		e S C Re	sidence	6 D Other (Specify)					
	27. MANUEL OF DEATH  1 Natural 5 Pending	28s. DATE OF (Month, 2		SRP LIMITO	WC	URY AT		264. DESCRIBE HOW I	NJUHY OCC	CURED			
B	2/ Nocident Investigation	An - DV 100 0				VES 2	NO						
8	3 Suicide 6 Could not be 4 Homicide determined	building,	of INJURY — At ho etc. (Specify)	me, ferm, stree	et, factory, offic			28f, LOCATION (Street I City or Town, State)		or Runt R	bute Number		
<u> </u>	29a, CERTIFIER												
MP	(Check only							to the cause(s) and men					
COMPLET	MEDICAL EXAMINE		xamination and/or i	nvestigation, i	n my opinion, d	leath occur	red at the	time, data and place, an	d dua to th	e cause(a)	and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	//	01.	/	-111	290 LICI	ENSE NUN	ABER (//	29d. DATI	SIGNED	(Month, Day, You)		
20	yang /	Y- 1	red	21/	4	101	00	414		//	01/198		
	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAU	SE OF OEATH (ITEM	1 27) Type, Pri	nt)					1	///		
1													
	24 DATE EILEO (Month Don Mari	00 550											
	31. DATE FILEO (Month, Day, Year)  JUL 2 3 '93		AR'S SIGNATURE	4.00									

YEAR

3. TIME OF DEATH 63e

DHMH-16 Rev 1/89

REG. NO.

2. DATE OF DEATH

CT

BALTIMORE. MARYLAND 21215-0020

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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

adre

1 -

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH 1 M 2 X F HOURS April 29. 117-36-0533 1904 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hebrew Home of Greater Washington Rockville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Bethesda 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the bunial-transit 9940 Derbyshire Lane 20817 United States by the hospital or attending physician. 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto R

1 YES 2 XNO Specify: BY IF YES, GIVE WAR OR DATES 3 XWidowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) Po College (1-4 or 5+) detached 10 Homemaker Own Home at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) 2 Joseph Billowitz BE Toby Margolies notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 4 Box Place, Hauppauge, Elaine Cumins (Daughter) NY 11788 e 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE must 4 Donation 5 Other (Specify) Beth David Cemetery Elmont. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring, MD M00827 20910 medical A3. PABY 1. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart fellure. List only one ceuse on each line. 0 Interval Between IMMEDIATE CAUSE (Finel Onset and Death cremation, the disease or condition resulting in death) ardio munester OUE TO (OR AS A CONSEQUENCE OF): traumatic event, Atheroschoratio burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 9 If any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST 10 Mental shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 XNO epressio 1 | YES 2 | NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL State D 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 LN 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 Other (Specify) the 6 27. MANNER OF DEATH marked, 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED WITH 1 X Natural 5 Pending Investige 1 YES 2 NO В death 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 69 COMPLETED 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) after 4 Homicide 28 Pours ? Hem 29a. CERTIFIER
1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and dua to the ceuse(a) end manner as stated. 2 = TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT; II 2 MEDICAL EXAMINER: On the back of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 33 2 9 CAUSE OF DEATH (LIFER 27) (Type, Print) 32. HEGISTRAD'S SIGNATURE PROPOSED 3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Karp

Sadie

600

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO	)			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN	-		3. TIME OF DEATN	
	Manekji Bhanj	i Khor	าล				DAY	YEAR		
	4. SOCIAL SECURITY NUMBER 5, SE		yrs. last birthday)				, 199		8:48 AM	
				MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)		8. BIRTN Countr	IPLACE (State or Foreign y)	
	: 20 2230 A	M 2 □ F 6	8 YRS.		- 0.00	May 30, 1	L925	I	India	
- 3	9e. FACILITY NAME (If not institution, give street en	d number)		9b. CITY, TOWN	OR LOCATION OF	EATN	9c. COU	NTY OF D	EATN	
8	502 Mt. Vernon Plac	e, Apt. 1		Ro	ckville		М	onta	omery	
DIRECTOR	RESIDENCE OF DECEDENT							01109	OMCI y	
뿐	16a. STATE 16b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	
□	Maryland Montgo	mery		Rockvi	lle				1 X YES 2 NO	
A	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITI	ZEN OF W	VHAT COUNTRY?	
FUNERAL	502 Mt. Vernon Pla	ce. Ant. 1			20850		Tw	dia		
Ξ		AS OECEDENT EVER IN		12 WAS OF		NIC ORIGIN? (Specify Ye				
	1 Never Married 2 X Married FC	DRCES? 1 YES	2 X NO	If yes, ap	ecify Cuben, Mexic	an, Puarto Rican, etc.)	18 OF NO.	Black	— Americen Indian, c, White, etc.	
B	3 Widowed 4 Divorced	YES, GIVE WAR OR DAT	res	1 TYES	2 🕅 NO Spec	ity:		Speci	y: Jainism	
	15. DECEDENT'S EDUCATION			1					Dathitsm	
	(Specify only highest grade complete	ted)	16a. OECEDENT'S (Give kind of v	vork done during me	ON ost of working	16b. KINO OF BL	JSINESS/IND	USTRY		
ا ت		ge (1-4 or 5+)	Me. Do NOT us			- 1				
₹	8		Ow	ner		Shi	pping			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S N	AME (First, Middle, Maider	Sumame)			
H	Bhanji J.	Khona			Murb	ai Lal	ka			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street	wn, State, Zip	Code)				
2	Ashwin D. Momaiya				, Apt. 3,			, MD 20850		
	26e. METHOD OF DISPOSITION 1 Buriel 2 S Cremetion 3 Removal fro	20b. I	PLACE AND DATE O				OCATION -			
	1 Buriel 2 S Cremetion 3 Removal fro 4 Donation 6 Other (Specify)	om State ceme	tery, cremetory or of	her place)	7	/19/931				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			DO NAME A	orium, I	au m			ryland	
- 1	Jel amm	100 1	M00831	Robert	A. Pum	ohrey Fune	ral H	ome/		
	Danbare (p) / je//	wellen ox	monc	Bethes	da-Chev	Chāse, I	nc.	7557	Wisconsin 4-3501	
	23. PART I. Enter the diseases, or compile	cetione that caused	the dasth. Do n	ot enter the mo	de of dving, su	ch as cardiac or reen	diretory arr	eet	Approximata	
	snock, or neert fellure. Liet on	ily one ceuse on asc	ch line.			aa oararao or 100p	matory arr	eot,	Interval Between	
IMMEDIATE CAUSE (Final disease or condition										
ļ	recuiting in death)	Asphyxia-H	Hanging						ACUTE	
		OUE TO (OR AS A	CONSEQUENCE OF	7):						
Z	B	Depression							INDET	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF	):						
3	CAUSE (Disease or Injury									
드	that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF	):						
문	resulting in death) LAST									
ᄬᆘ										
DICAL	PART ii. Other algnificent conditions cont	ributing to death but	t not resulting I	n tha undarlyln	g cause givan in	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS	
일Ⅱ						1 _ YES :			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
쁘ᆙ							E EL NO		OF DEATH?	
2						—			1 Tes 2 No	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL									
ᅙ	EXAMINER? HOS	PITAL:		OTHER:	ACE OF DEATH (C	teck only one)				
\ XS	1 🖾 YES 2 🗌 NO 1 🗆 Ir	patient 2 - ER/Outpat	tient 3 DOA		e 5 🛚 Residence	6 C Other (Specify)				
ᇤ		6e. DATE OF INJURY (Month, Day, Year)	28b. TIMI		URY AT	28d. DEŞCRIBE NOW	INJURY OCC	URED		
BY	1 Netural 5 Pending 2 Accident Investigation	7 18 9	3 /		YES 2 NO	IN Let	melado	11		
		8e. PLACE OF INJURY -	At home, larm, a	treet, factory, offic	•	281, LOCATION (Street	end Number	or Rural R	oute Number.	
凹	4 Nomicide determined	building, etc. (Specif)	HOZ	45		City or Town, State	)			
Щ	29e. CERTIFIER					#10				
COMPLETED	(Check only 1 CERTIFYING PNYSICIAN: To									
<u> </u>	one) 2 MEDICAL EXAMINER: On the	ne beele of examination	and/or investigation	n, in my opinion, d	eath occured at the	time, date end place, e	nd due to the	e cause(e)	end menner ee stated.	
S I	296. SIGNATURE AND TITLE OF CERTIFIER	1		0	29c. LICENSE NU	MBER	29d. OATE	SIGNED	(Month, Day, Year)	
0-1	X	01/	111	4			N			
၀	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEAT	HATEM 271 /3000	Drint)	P D070	779		July	18, 1993	
	Francis C. Mayle, M.		rernwoo	od Road,	Betheso	la, Marylar	nd 20	0817		
	JUL 19 1993	PREGISTRAR'S SIGNAT	Gandall.							
	JUL 1 9 1993 Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Manage Man									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit part be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

. V 5-6...

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL DVCICUE

	1 - STATE REGISTRAR	OIAIE OI III	CE	ERTIF	ICATE	OF "	DEA	TH		REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last) James J. Kell	У				-			2. DATE OF MONTH	F DEATH DA	iv 7	993	3. TIME OF DEATH 9:31 P.MM
	4. SOCIAL SECURITY NUMBER 029-09-8969	5. SEX 1 X M 2 F	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y	EAR AY8	IF UNDER	24 HRS.	7. DATE OF (Month, I	BIRTH Day Meri		B. BIRTH	PLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give s Montgomery Ger	·		L	9ь. city, то			ON OF DE		و لم لم	9c. COU	NTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  MARYLAND  MON	, NTGOMERY			y, town or i								10d. INSIDE CITY LIMITS?
FUNERAL (	100. STREET AND NUMBER 3701 INTERNATIO		E, #444			_	ZIP COD	2090	)6		10g. CIT	1 YES 2 X NO	
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WI	YES 2 N		If yo	18, spec	olfy Cuba	DENT OF HISPANIC ORIGIN? (Specify Yee or No					E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)					PATION 16b. KIND OF BUSINESS/INDUSTRY most of working						
BE COM	17. FATHER'S NAME (First, Middle, Lest) THOMAS	KE	LLY				18. MOTI		ME (First, Mid	ldie, Meiden	_		
TO B	19a. INFORMANT'S NAME (Type/Print)  JAMES T. KELLY	NT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										9	4
	4 Donation 5 Other (Specify)	D OF DISPOSITION 2 Cremation 3 Removal from State 20b. PLACE ANODATE OF DISPOSITION (Name of camelary, crematory or other place) 20c. LOCATION — City or										The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
	FRAN						S.J.	COI	LINS	FUNE	RAL H	HOME,	INC. SP., MD 2090
CERTIFICATION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO								24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:				sck only one)				
ВУ РНУ	27. MANNER OF DEATH  1. Natural 5 Pending Investigation	28e. DATE OF II (Month, Day	NJURY	28b. TIM	E OF 28	c. INJU WOR	RY AT		28d. DEŞCR		NJURY OC	CURED	
- 1	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At horate. (Specify)	me, farm, s	street, factory,	office			28f. LOCATI City or	ON (Street a Town, State)	nd Number	or Rumal F	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of n											) and manner as stated.
BE	29L SIGNATURE AND TITLE OF CERTIFIED	) Sach	3	1	0	T	194: LICE	NSE NUM	BER S	46	29d. DAT	E SIGNED	(Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHI	Con	Das			-( 8	5,	0	,Sc	ans	SIN	-	Soe no
	31. DATE FILEO (Month, Day, Year)  . 111 1 9 1993	guia Da	S SIGNATURE	ndell									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR		ICATE O		MENIAL HIGIEN REG. NO.	_						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH			3. TIME OF DEATH				
- 3	FRANCES AMELIA			KNIGHT	JULY 9	AY C	3 SEAR	4:29 A w				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. i	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			LACE (State or Foreign				
	220-20-1208 1□ № 2 🕮 70	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-19-19:	23	Country)	yland				
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF D			INTY OF DE					
FUNERAL DIRECTOR	Memorial Hospital at East	on	East	on		Talbot						
E C	10e. STATE 10b. COUNTY	10c. CI7	Y, TOWN OR LOC	ATION				10d. INSIDE CITY				
뜸	Maryland Talbot		appe					LIMITS?				
اب	10e. STREET AND NUMBER	1 11		OI. ZIP CODE		40- 00		1 YES 2 XXO				
ERA	28931 Sanderstown Road			21673	i i	iog. Cit	USA	IAI COUNTRY?				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	ARMED	13. WAS O		NIC ORIGIN? (Specify Yee	or No-		– American Indian, White, etc.				
BY F	1 Never Married 2 Namerried FORCES? 1 YES 2 Namerried IF YES, GIYE WAR OR DATES	(NO	If yes, :	Black, Specify.								
							Wh	ite				
COMPLETED	(Specify only highest grade completed)	(Give kind of	USUAL OCCUPAT	TION nost of working	INESS/IN	OUSTRY						
ا ۳	College (1-4 or 5+)	ite. Do NOT u										
ž	1.1 17. FATHER'S NAME (First, Middle, Last)	Hous	ewife									
					ME (First, Middle, Malden	Sumame)						
BE	Joseph F. Marks			Edith	Wheat							
유	Robert L. Knight, Sr.			and Number or Rural								
		289	31 San	derstow	n Road	rar	pe.	MD 21673				
20e, METHOD OF OISPOSITION  1 Depuried 2 Cremetton 3 Removal from State  4 Donetton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  WOODLAWN Memorial Park 7-12 Easton, MD												
	n, M	D										
			Newn	and Address of FA	ral Home.	P.A						
	JOHN R. MERCERON	CFS	> 200	S. Harr	ison St	Fa	eton	_ MD				
	23. PART I. Enter the diseases, or complications that caused the calculations shock, or heart fellure. List only one cause on each life	deeth. Do	not enter the m	ode of dying, suc	h aa cardiac or respi	ratory er	reat,	Approximate interval Between				
	Interval Detw											
1	disease or condition resulting in death)	PSCI	12mr &	CC106N1			DAYS.					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CEREBO-VOSCULAR ACCIDENT DAYS.  Sequentially list conditions,  b. AUGUSCULAR DISEASE USARS.											
O												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	EGGENCE O	r):					i				
유	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSI	EQUENCE O	n:									
E	resulting in deeth) LAST							1 1				
빙	u.							1				
DICAL	PART II. Other significent conditions contributing to death but not							VERE AUTOPSY FINDINGS				
ă	SEVERO REFERENCE YC	040	STIVE HE	+25 Pin	DRE 1 □ YES 2	NO	0	COMPLETION OF CAUSE OF DEATH?				
뿔							- 1	☐ YES 2 NO				
ÿ								74				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF OEATH (Ch	eck only one)							
YSI	EXAMINER?  1   YES 2   NO	3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Residence	6 Other (Specify)							
E	27. MANNER-OF DEATH  28a. DATE OF INJURY (Month, Day, Year)	285. TIM INJ		JURY AT ORK?	26d. DESCRIBE HOW IN	JURY OC	CUREO					
B	2 Accident Investigation			YES 2 NO								
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, :	street, factory, off	ce	281. LOCATION (Street at City or Town, State)	nd Numbe	or Rural Rou	ite Number,				
	29e. CERTIFIER											
M M	(Check only CERTIFYING PHYSICIAN: To the beat of my knowledge, d											
COMPLETED	one) 2 MEDICAL EXAMINER: On the basic of examination and/or	Investigatio	n, in my opinion,	death occured at the	time, date and place, and	due to ti	ne ceuse(e) s	and menner se stated.				
8	29b. SIGNATURE AND TITLE OF CERTIFIER	^		29c. LICENSE NUM	IBER	29d. DAT	E SIGNED (A	fonth, Day, Year)				
2	20 NAME AND ADDRESS OF STREET	110		1)43	962		1. 7.	73				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITT	EM 27) (Type,	Print)	7 10	STON ME	7/	6121					
		> /4/	rever (	1 EM	>/00 101	, (/	001					
	DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE											

0

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAH			JERIIF	ICALE	DE DE	AIH	F	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH			
	Edgar Burton K	eller, Jr						7	14		93	4:15 A M			
- 3	4. SOCIAL SECURITY NUMBER	5. SEX (	. AGE (In yrs.	last birthday)	IF UNDER 1 YE		NDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTHP	LACE (State or Foreign			
	214-36-1705	1 💢 M 2 🗌 F	52	YRS.	MONTHS D	WB HOU	RS MIN,	12 17	194	0	Wash	ington, DC			
	9a, FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TO	WN OR LO	CATION OF D				TY OF DE				
5	Suburban Hospita	1			Beth	esda				Mor	ntgom	erv			
DIRECTOR	RESIDENCE OF DECEDENT										80				
뿐	10a. STATE 10b. COUNTY				IGC. CITY, TOWN OR LOCATION						13	10d, INSIDE CITY LIMITS?			
		ce George	S	Beltsville								YES 2 NO			
ן ֿ≳	10e. STREET AND NUMBER			101, ZIP CODE					10g. CITIZEN OF WHAT			IAT COUNTRY?			
剪	4419 Powder Mill	Road		20705					U.	S.A.					
FUNERAL	11. MARITAL STATUS	12, WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No — 14. RACE						- American Indian, White, atc.				
8	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA									Specify				
		<u> </u>										White			
	15. DECEDENT'S EDU- (Specify only highest grade			(Give kind of v	USUAL OCCU		orking	16b. K#	ND OF BUS	INESS/IND	USTRY				
וי	Elementery/Secondary (0-12)	College (1-4 or 5+)			NOT use retired.)										
COMPLETED	1.2		F	ire Fi	ighter D.C. Go						ment				
_	Edgar Burton Kell	0 m C-4			18. MOTHER'S NAME (First, Middle, Melden Surname)										
O BE	19e. INFORMANT'S NAME (Type/Print)	ter, Sr.			Ruth Elaine Lattimer										
2	Barbara A. Keller	•			G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
			_		Powder Mill Road, Beltsville, MD 207										
	20e. METHOD OF DISPOSITION 1 ⚠ Burlel 2 ☐ Cremetion 3 ☐ Rem	oval from State	cemetery,	Crematory or o	ATEOFDISPOSITION (Name of control of the place) of other place) 7/16/1993 Suitland, Mary1							n, State			
	4 Donation 5 Other (Specify)	ENCEE	]Ceda:	r Hill	22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home							ryland			
	1 Control of the service and	CHOCK			Fra	incis	Gascl	n's Soi	ns Fu	inera	1 Hon	ne, P.A.			
	WBG	· che										MD 20781			
	23. PART I. Enter the diseases, or o	complications that	sused the	death. Do n	ot enter the	mode of	dying, suc	h es cerdiac	or respl	ratory err	est,	Approximate			
	ehock, or heert fellure.  IMMEDIATE CAUSE (Final	List Dnly one cause	on each II	ne.								Interval Between Onset and Death			
1	disease or condition resulting in death)		Hon	na							3 an 5				
	resolding in death)			SEQUENCE OF								1			
z	177 LEPON SALL														
일	Sequentially list conditions, if any, leeding to immediate	DUE TO (C	R AS A CONS	SECUENCE OF	7:										
HIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	G													
	that initiated events	OUE TO (C	R AS A CONS	SEQUENCE OF	7):										
E E	resulting in death) LAST	ń,													
- 81	PART II. Other eignificant condition	s contributing to d	eath but no	t resulting i	n the under	iving ceu:	se alven in	Part I 24	I. WAS AN	ALITOPSY	24b W	VERE AUTOPSY FINDINGS			
DICAL						,	3		PERFOR		A	WAILABLE PRIOR TO COMPLETION OF CAUSE			
								] 1[	YES 2	□ NO	Ö	OF DEATH?			
Σ			<del></del>					- 1			1	YES 2 NO			
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					6 DI 405 0	E OFATH 10								
2	EXAMINER?	HOSPITAL:			OTHER:		F OEATH (Ch								
<u>"∥</u>	27. MANNER OF DEATH	1 Inputient 2 I E		3 LI DOA		Home 5		8 Other (Sc		LHIMY OO	NI INCO				
	Netural 5 Pending	(Month, Day,		LNI	URY	WORK?		28d. OEŞCRI	BE NOW IT	IJUNY OCC	OHED				
ă	2 Accident Investigation		NIIIDY At	home form a			2   110	001 1004710	M1 (Ox - 1 - 1		-				
ם כ		28a PLACE OF	HOURT - AL	nome, min, a	street, factory, office 281. LC				own, State)	nd Number	or Rural Rou	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
ш п	3 Suicide 8 Could not be determined	28e, PLACE OF building, et	c. (Specify)		City or Town, State)						- 1				
	3 Suicide 8 Could not be 4 Homicide determined	building, et	c. (Specify)												
WALE IE	3 Suicide 4 Homicide  8 Could not be determined  29a. CERTIFIER (Check only)	CIAN: To the best of m	y knowledge,					to the cause(s							
OMPLEIE	3 Suicide 8 Could not be 4 Homicide determined	CIAN: To the best of m	y knowledge,					to the cause(s				and manner as stated.			
E COMPLETED	3 Suicide 4 Homicide  8 Could not be determined  29a. CERTIFIER (Check only)	CIAN: To the best of m	y knowledge,			on, death o	ccured at the	to the cause(s time, date and		due to th	e ceuse(a) a	and manner as stated.			
<u>ا</u> ا	3 Suicide 4 Homicide  8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  Detailed  1 CERTIFYING PHYSICAL EXAMINE	CIAN: To the best of m	y knowledge,	or investigation	n, in my opini	on, death o	ccured at the	to the cause(s		due to th	e ceuse(a) a				
	3 Suicide 4 Homicide  8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	CIAN: To the best of m	y knowledge, ninetion and/c	r Investigatio	n, in my opini	29c. Z	course at the	to the cause(a time, date and ABER	placa, and	29d. DATE	e ceuse(a) a E SIGNEO (A	4, 1993			
	3 Suicide 4 Homicide  8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  Detailed  1 CERTIFYING PHYSICAL EXAMINE	CIAN: To the best of m	y knowledge, ninetion and/c	r Investigatio	n, in my opini	29c. Z	course at the	to the cause(a time, date and ABER	placa, and	29d. DATE	e ceuse(a) a E SIGNEO (A	4, 1993			
	3 Suicide 4 Homicide  8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	CIAN: To the best of m	y knowledge, mination and/o	FEM 27) (Type,	n, in my opini	29c. Z	course at the	to the cause(a time, date and ABER	placa, and	29d. DATE	e ceuse(a) a E SIGNEO (A	4, 1993			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

1 YES NO

8. BIRTHPLACE (State or Foreign

Maryland

Anne Arundel

4:59 A.M. M

15. DECEDENT'S EDUCATION (Specify only highest gi Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle, Last)

Samuel Smith

1 Never Married 2 Married

3 Widowed 4 Divorced

18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

1 YES 2 NO

Retail

16b. KIND OF BUSINESS/INDUSTRY

20c. LOCATION -- City or Town, State

REG. NO

Store Clerk

18. MOTHER'S NAME (First, Middle, Melden Surneme) Lillian Mae Smith

No

19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Owen Lodowski

College (1-4 or 5+)

440 Granada Court Millersville, Maryland 21108

Specify:

20a. METHOO OF DISPOSITION
1 Department of Disposition | Temperature | Permeter | Permeter |
4 Donetion | 5 Department | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposi 20b. PLACE AND DATE OF DISPOSITION (Name of Lincoln Cemetery 7/12/93 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Brentwood Maryland 22. NAME AND ADDRESS OF FACILITY
Beall-Evans Funeral Home, P.A.

DATE

16000 Annapolis Rd. Bowie Md. 20715 Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiretory arrest. hock, or heart fallure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditions,

arclisbul monar

cute

if any, leading to immediate

DUE TO (OR AS A CONSEQUENCE OF):

OUE TO (OR AS A CONSEQUENCE OF Ischemic

cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II

. 0	other	significan	t conditions	contributing	to death but	not resulting in	n the underlying	csuse given in Part I.	
e	-	Cir	yhu5	in L	-11124	with	Partal	Hypertensic	n
		11. 1	.0	0	10	1	- Liter	Alexander	P

24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO

Approximate

interval Between

Onset and Death

nemi 25. WAS CASE REFERRED TO MEDICAL 1 TES 2 NO

29b. SIGNATURE AND TITLE OF CERTIFIER

2 Accident 3 Suicide

HOSPITAL OTHER: Inpatient 2 DER/Outpatient 3 DOA

26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28. PLACE OF DEATH (Check only one) 4 - Nursing Home 5 - Residence 8 - Other (Specify)

27. MANNER OF DEATH 1 Natural 5 Pending Investigation

6 Could not be

28e. DATE OF INJURY (Month, Day, Year)

28c. INJURY AT WORK? 1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

4 Homicide determined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated.

2 \_\_ MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(s) end menner ee stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER S

29d. OATE SIGNED (Month, Day, Year)

31. DATE FILED (Month, Day, Year) 3 1993

32. REGISTRAR'S SIGNATURE Davidson-Randace

hours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati DIVISION OF VITAL RECORDS, P.O. BOX 68760,

use as the burial-transit

page 5 should be detached for

the funeral

the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo

notified at

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must director,

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medical

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28 Is I

MPORTANT: If item

TO THE FUNERAL D be filed within 72 ho HOSPITAL

CERTIFICATION

PHYSICIAN: MEDICAL

ВҰ

COMPLETED

BE

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ВҰ

COMPLETED

BE

2



P

	1 - STATE REGISTRAR	STATE OF MARY		ITMENT OF		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	JOSEPH	/	ELLY	,	2. DATE OF DEATH	199.	YEAR 3. T	ME OF DEATH M
	4. SOCIAL SECURITY NUMBER 217-18-1425	5. SEX 6. AG	69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH / (Month, Day, Year) 12/23/1923	3 B	Country)	CE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give 4013 Buchanan St			-10	OR LOCATION OF D		9c. COUNT	Y OF OEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	TY	10c, CIT	Y, TOWN OR LOCA	ITION		-	104	INSIDE CITY
	Maryland Prin	ce George's	Нуа	ttsvill	e			LIMITS?	
FUNERAL	10e. STREET AND NUMBER			10	M. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
NEF	4013 Buchanan St				20781		U.S.	Α.	
BY FU	11. MARITAL STATUS 1  Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR		If yes, s	CENDENT OF HISPAI pecify Cubert, Maxica S 2 X NO Specifi	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No—	Specify:	American Indian, Ha, atc. White
9	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPAT		16b. KIND OF BUS	INESS/INDUS		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT us	se retired.)	ost or working				
COMPLETED	1.2 17. FATHER'S NAME (First, Middle, Last)	4	Truck	Driver		Retail	-		
	Frank Kelly				UNKNO!	ME (First, Middle, Melden :	Sumame)		
38 0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Town	n, State, Zip Co	ode)	
임	Jimmie D. Salvat	ore	3808 W	alls La	ne, Suit	land, Maryl	Land 2	0746	
7	20a METHOD OF DISPOSITION 1 \( \tilde{O}\) Burial 2 \( \tilde{O}\) Cremation 3 \( \tilde{O}\) Rer	moval from State	20b. PLACE AND DATE of	ther niecel			CATION — CH		
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE M	D State V	eteran'	S Cemeter	cy 7/13/93	Che1	tenha	m, MD
	· Olivedes +	Beg	Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Sons Francis Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Gasch's Ga						
NO	23. PART I. Enter the disease, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions,	a. Largons  Bulleton on the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se	en art	ery a	recos				Approximate interval Batween Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST		S A CONSEQUENCE OF		ardiot	roseuls	rk	ises	de
_	PART II. Other eignificant condition	ns contributing to death	but not resulting	in the underlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY	24b, WER	E AUTOPSY FINDINGS
S		Malen	es me	llete		PERFOR		COM	LABLE PRIOR TO PLETION OF CAUSE
V: MED	Chroniz ale	structer	e pubr	ronary	dises	esc	LE THE	1 332	YES 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINED?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)		_	
IXSI	1 MES 2 MO 27. MANNESI OF DEATH	1   Inpatient 2   Envo			me 5 🗆 Residence				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, War	7 963	M 1	YES 2 NO	28d, DESCRIBE HOW IN			
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S)	RY — At home, farm, i pecify)	itreet, Tectory, offi	60	28f. LOCATION (Street a City or Xiwn, State)	nd Number or	Floral Floote	Number:
COMPLET		BICIAN: To the beat of my known ER: On the basis of examinat							menner ae stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	IR	λ.		29c. LICENSE NUI	MBER 79	DATE S	IGNED (Mon	th, Day, Year)
2	30. NAME AND ADDRESS OF BERSON W	HO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Print)	al ho	1000	0	1 / -	2-1775
	31. DATE FILED (Month, Day, Year)	32/REGISTRAR'S SK	GNATURE	CDF 1	JU DE	. CATCE	10	100	10/12
	JUL 1 2 1993	rata Davidson-1	fandall						DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

**BALTIMORE, MARYLAND 21215-0020** 

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x mours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	),	
	1. DECEDENT'S NAME (First, Middle, Last)	na K	E		:	2. DATE OF DEATH MONTH D	AY Y	3. TIME OF DEATH
						フ	6 9.	3 4 4 M
	4. SOCIAL SECURITY NUMBER 578-06-5516	5. SEX 1 M 2 F	AGE (In yrs. last birthday) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MHV.	7. DATE OF BIRTH (Mogth, Day, Year)		BIRTHPLACE (State or Foreign Country) South Carolin
	9a. FACILITY NAME (If not institution, give	street and number)		95 CITY TOWN	OR LOCATION OF D		9c. COUNTY	
O.	509 EASIEN	N AVEN	UE		TOL HE		-	CE GEOLGE
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TV.						
DIRECTOR	1157/1001	N/A -	10c. CIT	Washi	ngton	6,15		10d. INSIDE CITY LIMITS?  1 🖾 YES 2 🗌 NO
FUNERAL	100. STREET AND NUMBER 4515 Gault	Pl., N.	Ε.	10	20019			S.A.
3	11. MARITAL STATUS	12. WAS DECEDENT	VER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		
BY F	12 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF		It yes, sp	ecify Cuban, Mexica 2 NO Specif	n, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify:
8	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUS	
	(Specify only highest grad		(Give kind of w	vork done during mo e retired.)	est of working	TODA KAIND OF DO	OII LOG, III DOG	
COMPLETED	7th	College (1-4 or 5+)	Unemp	loyed		N	one	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden		
BE C	Thomas Kelly				Hatt	ie (Unkn	own)	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		de)
5	Marie A. Butle	er				ap. Hgts		
	20a. METHOD OF DISPOSITION	- U-31	20b, PLACE AND DATE O	F DISPOSITION (NA	oma of - /	4 00475 0 200 10	CATION — City	or Town, State
	t∑ Burial 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	darylan	d Nat'	l. Mem.	10% 93 La	urel,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	NO ADDRESS OF FA	CILITY	-	
	Sarry	W. G.	ratt	H.S 492	.Washin 5 Burro	gton & Sughs Ave	ons,Iı .,N.E	nc.
	23. PART I. Enter the diseases, or ahock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one ceuse	R AS A CONSEQUENCE OF					Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE OF		Moun	Yeu can	() Hea	2
崇		d						
EDICAL (	PART II. Other significant condition	ns contributing to de	eeth but not recuiting i	n the underlying	g ceuse given in	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
₹						1 □ YES 2	Muo	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 Bi	ACE OF OEATH (Ch	ack only one;		
iii	EXAMINER?	HOSPITAL:		OTHER:	1			
] ≚ [	27. MANNER OF DEATH	28a. DATE OF IN	R/Outpetlent 3 DOA			8 Other (Specify)		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		URY WO	VES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED
ETED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY — At home, farm, s (Specify)	treet, factory, offic		281. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,
	29a. CERTIFIER	NOVANI, To the board						
COMPL			knowledge, death occurre					luse(a) and menner ea stated.
Ш	29b. SIGNATURE AND TITLE OF CERTIFIE		A. S. MI Da	10	29c. LICENSE NUI			GNED (Month, Day, Year)
100	Renlander	elas de	13 40 46	-4			►7-6	5-93
욘	30. MARE AND ADDRESS OF PERSON WH	OF MA	OF DEATH (ITEM 27) (Type.	Print)	chount	1 HUGTH	107/0	49 20781
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE Pande	02	JUNY 12	1740	UILLE.	-Up -0 70.
	00-1 4 199	J James	NO 10001 - 1 - 1000					

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	IEALTH AND DEATH	ID MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Middle, Later GARLAND AUGUS					2. DATE OF DEA	тн	7EAR 93 M			
4. SOCIAL SECURITY NUMBER 579–42–2847			FUNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month Day, Ye	H 6.	BIRTHPLACE (State or Foreign Country) WASH. D. C.			
90. FACILITY NAME (If not institution, given PLEASENT VIEW NO	URSING CENTER			TER, MD.	EATH	9c. COUNTY	ARUNDEL			
RESIDENCE OF DECEDENT  10e. STATE  10b. COU			OWN OR LOCAT	rion			10d. INSIDE CITY LIMITS?			
100. STREET AND NUMBER 1214 LOUIS AVE				1. ZIP CODE 21403			N OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IF FORCES? ALL YES IF YES, GIVE WAR OR D. KOREA	ATES	13. WAS DEC	ENDENT OF HISPA lecity Cuben, Mexic 2 No Special	ANIC ORIGIN? (Speci can, Puerto Rican, at- lify:	(c.)	I. RACE — American Indian, Black, White, atc.			
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	DUCATION	16s. DECEDENT'S USU (Give kind of work life. Do NOT use re DISABI	r done during mo	ON OST of working ETIRED	16b. KIND O	F BUSINESS/INDUS				
17. FATHER'S NAME (First, Middle, Lest) FREDERICK KING					AME (First, Middle, M RIE JOHN)					
19a. INFORMANT'S NAME (Type/Print) YVONNE WRIGHT H	KING	196. MAILING ADI	4 -	O E •	l Route Number, City o	or Town, State, Zip Co	xde)			
20C METHOD OF DISPOSITION  12 Suriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	PLACE AND DATE OF D			1	CROWNSVI	All the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t			
21. SIGNATURE OF FUNERAL SERVICE CHARLES E. HI	000	1/11	1111	ND ADDRESS OF F	ACILITY ANI	NAPOLIS.	MD. 21401 OREST DRIVE			
23. PART I. Entar the diseases, panock, pr haart failur immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Certo one cause on a a. Certo of the course of a b. Due to lon as a c.	d the dasth. DD not sach lina.  CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	anter the mo	1	Leaf	reaptratory erreal	Approximate interval Between Onset end Death  2 stars  4ec-T			
PART II. Other significant condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	iona contributing to death be described as	nut not resulting in the	ha underlying	g cause given in	PE	AS AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp		THER:	LACE OF DEATH (C)	heck only one)	v1				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ			HOW INJURY OCCUR	RED			
3 Suicide 6 Could not b	building, atc, (Spec	— Al home, farm, stree	it, fectory, office	•	28f. LOCATION (S City or Yown,	Street and Number or State)	Rural Route Number,			
	YSICIAN: To the best of my know INER: On the Titals of axamination				e lime, deta and plac	ca, and dua to the c				
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE		68A	Piva	Ro. A	unpoli	3 Nes. 2140			
31. DATE FILED (Month, Day, Year) JUL 22 1993	32. REGISTRAR'S SIGN	ATURE				-10/170/1	1			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the natending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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		FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND A	DEPAR					MENTA	L HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		3.	TIME OF DEATH
		Grave	son Danie	1 Koog1	0					MONT		1003	YEAR	:35 A. M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	1990		MCE (State or Foreign
	- 2	215-36-6172	1 🗆 M 2 🔀 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.		16,	1017	Md.	
		9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN (	R LOCAT	ION OF D		10,		NTY OF DEAT	'H
	TOR	Frederick Memoria	l Hospit	al			Free	leri	ck			22311		erick
100	DIRECTOR	Md .	Frederic	k		y, town o 1iddl								d. INSIDE CITY LIMITS?  YES 2 X NO
	VERAL	2402 Station	Rd.				101	. ZIP COD	2176	9		_	S.A.	T COUNTRY?
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		- 1	If yes, sp	ectfy Cub		an, Puerto I	? (Specify Ye licen, etc.)	s or No—	14. RACE — Black, W Specify:	American Indian, Thite, etc. White
	G	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON .		18b	KIND OF BU	ISINESS/IND	USTRY	
	E	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Silve kind of a. Do NOT u	se retired.)	aunng mo	ST OF WORK	ang					
ei ei	MP	6		f	ammer						farm	ing		
at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOT	THER'S NA	AME (First, I	Alddle, Maider	Sumame)		
75	BE (	Clarence D.	Koogle						Annie	e Kep	ler			
notified	70	19a. INFORMANT'S NAME (Type/Print)									oer, City or Tov		Code)	
pe no	-	Sandra E. Koogle			2402	Stat	ion	Rd.	, Mic	ddlet	own,	Md.	21769	
examiner must b		20a. METHOD OF DISPOSITION  12	oval from State	20b. PLACE cemetery, co	and date	of disposither place) Cem	eter	me of		7/2	1.77		City or Town, Wn Mc	
<u>=</u>	- 8	21. SIGNATURE OF FUNERAL SERVICE LAC	ENSEE			22.	NAME AF	O ADDRI	ESS OF FA	CILITY			120	
ехац		Muld >	LONGA				21 E	TO I	o. II	nomps	on Fu Middle	neral	Home	21769
Cal		23. PART Linter the diseases, or o	omplications the	t caused tha d	eath. Do	not enter	the mo	de of dy	ving, suc	ch as care	lisc or reso	iratory arr	nat.	Approximata
e mec		shock, or heart failure.	List only one cau	ise on each lin	e.		_							interval Between Onset and Death
event, the medical		disease or condition resulting in death)	a. Cos	OR AS A CONSE	1.160	4 7	rail	inc						
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Injury,	4	PART ii. Other significent condition	s contributing to	death but not	resulting	in the ur	nderlying	ceuse	given in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
any	DICA										PERFO	-	CC	MPLETION OF CAUSE
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Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF I	DEATH (C)	neck only on	e)			
or Ite	SK	1 YES 2 NO	HOSPITAL:	ER/Outpatient	DOA	OTHEI		• 5 □ R	lesidence	6 🗆 Othe	r (Specify)			
	РНУ	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM		28c. INJ	_			CRIBE HOW	INJURY OCC	CURED	
marked,	BY	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	wy, 1021/	1111	M		'ES 2 [	□ NO					
60		3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY — At he	ome, farm,	street, fact	ory, offic		-	28f. LOC	ATION (Street or Town, State	and Number	or Rural Rout	e Number,
m 28	ETE	4 Homicide determined									,	· 		
VT: If Item	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK ONLY ONE) 2 MEDICAL EXAMINE												od manner as stated.
MPORTANT:	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Bar M	0					ENSE NU			29d, DATI	E SIGNEO (M	onth, Day, Year)
=	2	30. NAME AND ADDRESS OF PERSON WHO			M 27) (Type	Print)		U	101	J 1			13-19	1
		mi	charl B	ehre										
1		31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE							-			
	)	JUL 0 7 1993	3 Julia 1	avidson-R	indelle									
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BALTIMORE, MARYLAND 21215-0020

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TUTIETA GIL	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, I	-			IOAII		DLA	111	HEG. NO	).		
		· ·							2. DATE OF OEATH MONTH	DAY	YEAR 3. TIME OF DEATH	
	Brian Michae	l Kemlage							0.0	) /	93 0620 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	3 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign	
	213-94-1775	1 M 2 🗆		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	,	Country)	
			32	1713.					02-18-6		New York	
	9e. FACILITY NAME (If not institution,				9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. COUNTY OF DEATH		
6	Frederick Memo		1 1	Frod	ericl	b		Fn	ederick			
DIRECTOR		r					CCCI			1/2	euevick	
W	10e. STATE 10b. CO	UNTY		10c. CIT	CITY, TOWN OR LOCATION						10d. INSIDE CITY	
<u> </u>	Maryland	Frederick			Fred	loni	ob			LIMITS?		
	10e. STREET AND NUMBER	reacticie			The	_	ZIP COD	_		1 💢 YES 2 🗌 NO		
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	1 Never Married 2 Merried	IF YES, GIV	1 YES 21	INO			2) NO		n, Puerto Rican, etc.)		Specify: White	
BY	3 Widowed 4 Divorced	20,000					-/	оросту	•		specify. While	
<u>E</u>	15. DECEDENT'S	EDUCATION	16a. I	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BI	ISINESS/IN	DUSTRY	
E 1	(Specify only highest ( Elementary/Secondary (0-12)			(Give kind of a life. Do NOT us	work done	during mo	st of working	ng		01112001111		
7	12	Coffege (1-4 or	3+)						1, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0	
2		5		Manage	er				Natl Ke	habi	lation Hospital	
COMPLET	17. FATHER'S NAME (First, Middle, Last						16. MOTI	HER'S NAI	ME (First, Middle, Meide	Sumame)		
BE	Michael B. Ker	nlage					Sh	irlei	y Ann O'B	uan	[	
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a			Route Number, City or To		in Code)	
2	Michael B. Ker	nlago										
	20a. METHOD OF DISPOSITION	uuge						Un.	Frederic	R. M	0 21702	
i	1 W Buriel 2 Crematien 3 1	Removal from State	20b. PLAC	EAND DATE	OF DISPOS ther plece!	ITION (Na	me of		DATE 20c. LOCATION — City or Town, Stata			
	4 Donation 5 Other (Specify)		~ Resti	laven	Memo	ria	e Gar	rdeni	\$ 17/3 Frederick, MD			
- 1	21. SIGNATURE OF FUNERAL SERVIC	E LICHINGEE	11 1									
- 1	1 1 111	Vas XI	7	111	.   5	stau	bber	Fune	eral Homes	, P.	۸.	
-	7 70019	1000	augy		F	2.0.	Box	1819	7. Frederi	ck. 1	MD 21702	
	23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or head failure. List only one cause on each line.											
	disease or condition		ohable CIVS Toxoplasmosis									
	resulting in death)	e. Due	TO (OR AS A COMS	OR AS A CONSCILENCE OF						605	15	
_ 1												
CERTIFICATION	Sequentielly list conditions,	b	1015	AS A CONSEQUENCE OF):								
Ē	If any, leading to immediate	DUE	IO (OR AS A CONS	EOUENCE O	-):							
2	CAUSE (Disease or Injury	с					_					
는 I	that initiated events	DUE	TO (OR AS A CONS	EOUENCE O	7):							
E	resulting in death) LAST	d.										
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EDICAL				th but not resulting in the underlying ceuse given in P					Part I. 24s. WAS AI		24b. WERE AUTOPSY FINDINGS	
<u>S</u> ∥	1501051	3 2	500000						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	CMV V								1 YES	NO	DF DEATH?	
Σ	C P V	100100	(-()								1 🗆 YES 2 🗀 NO	
Ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ck only one)			
S	1 TES 2 NO		ER/Outpatient	3 DOA	OTHER		5 🗆 Re	sidence	8 Other (Specify)			
<b>₹</b>	27. MANNER OF DEATH	26e. DATE	OF INJURY	26b. TIM		28c. INJ		1	26d. DESCRIBE HOW	INJURY OC	CURED	
	1 Hetural 5 Pending		, Day, Year)	INJ	URY	WO	RK?	, I			30123	
à	2 Accident Investigati			1			ES 2	NO				
	3 Suicide 6 Could not		OF INJURY — At hig, etc. (Specify)	nome, farm, s	dreet, fect	ory, office	1		28f. LOCATION (Street City or Town, State	and Number	r or Rural Route Number,	
ËL	4   Notificide detarmine											
ב וו	290. CERTIFIER 1 DCERTIFYING PI	YSICIAN: To the heat	of my knowledge o	forth conver	ed est object of		and store		to the cause(e) end ma			
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COMPLETED	T MEDICAL EXAM	MINEN. OII IIIE DEGIE O	examination and/or	r investigatio	n, in my o	pinion, de	eath occur	ed at the t	time, date end place, e	nd due to th	he cause(e) end manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERT	IFIER					29c. LICE	NSE NUM	BER	29d. DAT	'E SIGNED (Month, Day, Year)	
	V2 6	and a	7 20				0.	ur.	7/	1,196		
일	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DEATH AT	EM 27) (7ma	Print)		101	7 6	26 2/1/95			
				and triple.						4		
		542 -67	501	w	7		56	/	tred .	rec	MU 21701	
			MR'S SIGNATURE									
	31. DATE FILED (Month, Day, Year)	000	David	Contract of								

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	Helen Gra	ce ropes							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	LATERA	L AGE (In you last	Dirthday)	IF UNDER	1 YEAR	# UNDER	34 HRS.	7. DATE OF BIRTH	15 ]	993	9:45P M
	043-03-0658	1 🗆 W 2XXF	80	YRS.	MONTHS	DAYS	HOURS	MIN.	8-24-19	2	Countr	necticut
	Se. FACILITY NAME (If not institution, give				9b. CITY	TOWN (	OR LOCATE	ON OF DE	ATH	9c, COUR	NTY OF D	NAME OF TAXABLE PARTY OF TAXABLE PARTY.
P P	Doctor's Hospita	1			La	nhan	1			Prin	nce (	George's
EG	RESIDENCE OF DECEDENT  10s. STATE NR. COUN	TY		10c. CIT	TY, TOWN C	S LOCA	OON .					16d. INSIDE CITY
- DIRECTOR		ce George's	5.	10001000	verl	7						LIMITET NO
FUNERAL	5808 Greenleaf	Road					2078					States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Miclowed 4 Divorced	12. WAS DECEMENT IN FORCEST 1 THE SET OF YES, GIVE WAS	YES 2XX	MED O	100	If yee, sp	ENDENT O	n, Mexican	IC ORIGIN? (Specify I, Poerto Ricer., etc.)	Yes or No-	14. RACE Black Speci	- American Indian, White, atc. White
	15. DECEDENT'S ED (Specify only highest gra-		16a. DE0	CEDENT'S	USUAL O	CCUPATIO	ON of of worker	er:	16b. KIND OF	BUSINESS/IND	USTRY	
BE COMPLETED	Elementary/Secondary (0-12) 5 years	College (1-4 or 5 +)	1.42	Do NOT U	ife		en ne okaven	*				
8	17. FATHER'S NAME (First, Middle, Last)	e navan-a			100		18, MOTH	ER'S NAM	RE (First, Middle, Meic	fon Sumeme)		
H	Francesco Camma:	rotta					Am	na I	iombardo			
0	19s. INFORMANT'S NAME (Type/Print)								oute Number, City or			
	Carol Diaz					-	the Real Property lies in column 2 is not	, Bel	ltsville,	The second second second		
	200 METHOD OF DISPOSITION A Durtal 2 □ Cremetion 3 □ Re	movel from State	20b. PLACE A Cannellary, cree	ND DATE	OF DISPOS other place)	ITION/Ni	me of	-	DATE 20c.	LOCATION - 0	Jay or To	wn, State
	4 Denution S Other (Specify)  21. SIGNATURE OF PLINERAL BERVICE I	ICENSEE /	Gate (	OL H	eaver	1 Ce	neter	y //	19/93 S1	Iver S	pru	ng, Maryland
	- 11 Bush	11 Km	5 d	1	Do	nal	d V.	Boro	wardt Fu	meral	Home	e, P.A.
$\dashv$	21. SIGNATURE OF PUNETAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY DONALD V. Borgwardt Funeral Home, P.A.  4400 Powder Mill Rd. Beltsville, Md. 20705  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.   Approximate											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	E. DUE TO, (O	AS A CONSEQ H AS A CONSEQ	alie	9	اه اسم	, al	مسا	d Geo	تصافينا		
H	resulting in death) Exci	a 100	لافسينا	4	Jus							
MEDICAL	PART II. Other significant condition	ons contributing to de	with but not re	multing	in the un	derlyin	cause g	žven in F	PERF	AN AUTOPSY FORMED?	240.	WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
Ĭ,	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Principle College				26. PL	ACE OF DE	EATH (Chec	ok only one)		+-	
ž l	1 TYES 2 TKNO	1 Ounpatient 2 DE	R/Outpatient 3	CI DOA	4 Num		s 5 ☐ Re	sidence (	Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Metural 5 Pending  2 Accident Investigation	28s. DATE OF IN (Month, Day)	JUNY Mar)	28h. TIM.	E OF JURY		URY AT RK? 'ES 2	24/2	284. ОЕБСПИЕ НО	W INJURY OCC	URED	
	3 Suicide 6 Could not be determined	78a PLACE OF I	NJURY — At hon (Specify)	ne, farm,	street, facto	ory, affici		$\neg$	281, LOCATION (Street, Str. City or News, Str.	et and Number He)	or Runel A	louns Number
COMPLETED		SICIAN: To the best of my										end manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFI		m D	h	1			NSE NUMI				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH //TFM	27) /Time	Print		77/4	110	0		1 . 10	1/42 cmm
	1200 Mercai					1612	h	Q	20785	· Ci	KO	Takez.
	JUL 2 0 1993	32 REGISTRAN'S Julia Davi	dion-Ran	dell	-				9			

1 . STATE REGISTRAR			C	ERTIF	ICATE (	OF DE	ATH	MEIGH	REG. NO			
1. DECEDENT'S NAME (Fire	si, Middle, Last)							2. DATE	OF DEATH		3	. TIME OF DEATH
ROSE		LESNOY						MONT	7/18	7 9	3 <sup>YEAR</sup>	5-15A
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 Y	EAR IF U	IDER 24 HRS.	7. DATE	OF BUILTY	1	6. BIRTHPL	ACE (State or Foreign
124-18-0621		1 🗆 M 2 🗶 F	91	YRS.	10000	AYS HOU	14		16-190	1	POLA	
9e. FACILITY NAME (If not HEBREW HOME RESIDENCE OF DE 10e. STATE MARYLAND	OF GRE	,	SHINGTON		POCK	WN OR LOC		DEATH			nty of dea	o mery
10e. STATE	10b. COUNTY			10c. CI	TY, TOWN OR L	OCATION					14	Dd. INSIDE CITY
	MONTG	OMERY			OCKVIL							LIMITS?
6111 Montro		02				10f. ZIP 0	0852					TATES
3X Widowed 4 □ Div		FORCES?	IT EVER IN U.S. AF	NO	If ye	DECENDER s, specify C	uban, Maxic	an, Puerto	Y? (Specify Yer Ricen, etc.)	s or No—		American Indian, White, etc. WHITE
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15. DE (Specify or Elementary/Secondary 8 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (First, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17. FATHER'S NAME (FIRST, 17		College (1-4 or 5	+)	. Do NOT u	PLOYED	ng most of w	orning		LUNCH	EONET	TE	
17. FATHER'S NAME (First,	Middle, Lest)					18. A	OTHER'S N	AME (First,	Middle, Maiden			
MUKKIS SIL						В	LUME	N	R DE	IBER		
SELIG LESNO	***		19	5.10 1	ADDRESS (SI	#N325	mber or Aura	Aoute Num	ber, City or Tow	n, State, Zip	Code)	
20e. METHOD OF DISPOSI	TION				OF DISPOSITIO		n, na	DAT			City or Town	State
1 Donation e Commit		val from State			RAEL C		RY	7/2			New Y	
21. SIGNATURE OF FUNER	AL SERVICE LIG	A			DAN		Y-GOL	DBER	G MEMO	RIAL	CHAPE	LS, INC.
23. PART I. Enter the	000	V							ke, Ro			D 20852
Sequentially list condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERS CAUSE (Disease or in that initiated events resulting in death) LA:	tions, adjeta //ING ury c.	COR DUE TO	(OR AS A CONSE	OUENCE O	ARTE							Ind den
PART II. Other signific	ent conditions	contribution to	death but est	101	I- 0 1							
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	un conditions	contributing to	death but not i	eediting	in the unda	nying caus	se given ii	Part I.	24s. WAS AN PERFOR 1 TYES 2	RMED?	AN CC OI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO COMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED EXAMINER?	_	HOSPITAL:				6. PLACE O	F DEATH (C	heck only o	ne)			
1 TES 2 LHO			ER/Outpatient 3	□ DOA	4 Whiten:	Home 5	Residence	6 ☐ Othe	r (Specify)			
27. MANNER OF DEATH  1 Netural 5	Pending	26e. DATE Of (Month, L	INJURY Pay, Year)	28b. TIN	JURY	WORK?		28d. DE:	SCRIBE HOW I	NJURY OCC	CURED	14-1-16
2 Accident 3 Suicide 6 4 Homicide	Could not be detarmined	28e. PLACE C building,	OF INJURY — At he etc. (Specify)	ome, ferm,					ATION (Street or Town, State)		or Rural Rout	te Number,
			my knowledge, de xamination and/or									nd manner as stated.
296. SIGNATURE AND TITLE	Luis	. Staf	of Phys	icio	in	29c	LICENSE NU	IMBER Y	1	29d. DATE	E SIGNED (M	Jonth, Day, Year)
30. NAME AND ADDRESS O	PATE	COMPLETED CAU	SE OF DEATH (ITE		int-ce	se 1	201,	Roce	Luille	MI	1) 20	572
31. DATE FILED (Month, Day	1993	Az REGISTRI	EGISTRAN'S SIGNATURE SAMMON - HONDARD									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death, Page 6 may be retained by the hospital or attending physician. TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page
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tal or attending physician.	for use as the burial-transit permit. Pages		,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit nermit. Panes	be filed within 72 hours after death with the State Dept. of Health and Mentai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	BIII					2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DE					
	4, SOCIAL SECURITY NUMBER 220-94-7789	1 € M 2 □ F	E (In yrs. last birti	rhday) IF UNDER		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	30,	1927	Country	LACE (State or Foreign	
TOR		MERCY HOSPITAL			BALTIMORE CITY				9c. COUNTY OF DEATH BALTIMORE			
DIRECTOR	10e. STATE 10b. COUNT	COUNTY 10c. CITY, 1			TOWN OR LOCATION					IDd. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 611 CHARLES STREET				101. ZIP CODE 21230				10g. CITIZEN OF WHAT COUNTRY? CHINA			
à	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced			11	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yea, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:			(Specify Yee can, etc.)	be or No. 14. RACE — American Indien, Bleck, White, etc.  Specity: CHINESE			
LETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	y (0-12) College (1-4 or 5+) Iffe. Do NOT use re			k done during most of working effred.)				BUSINESS/INDUSTRY			
E COMPL	17. FATHER'S NAME (First, Middle, Last) UNKNOWN			ARCH AS	ASSISTANT RESEARCH  18. MOTHER'S NAME (First, Middle, Meiden Surname) UNKNOWN							
TO BE	190. INFORMANT'S NAME (Type/Print) GENE WU	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AD			AYTONIA DRIVE, GAITHERSBURG, MD 20877						877	
	4 Donation 5 Dother (Specify)	1 N Buriel 2 Cremetion 3 Removal from State 4 Donatton 5 Other (Specify) GATE OF HEAVEN CEMETERY 7/20 SILVER SPRING. MD										
	22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 2090						INC. P., MD 2090					
	23. PART I/Enter tha diseases, or complications that caused the daeth. Do not anter tha mode of dying, auch as cardiac or respiratory arrest, shock, or haert feliura. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):											
7	1) Lower GT Bleed.  2) Covonary Artery Dicease  1 Yes 2 AND OF DEATH?						, /					
PHISICIAN: MEDIC	3) Congregative Heart Vailure. 25. WAS CASE REFERED TO MEDICAL 28. PLACE OF OEATH (Check only one)											
701	HOSPITAL: 1 YES 2 HO 1 Inputent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Dither (Specify)											
2 2	1 Natural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation			INJURY M	M 1 YES 2 NO			TIBE HOW IF	INJUNY OCCURED			
PLEIEU	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, building, etc. (Specify)				City or Town, State)				ite Number,			
5	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.											
0 00 0	296 SIGNATURE AND TITLE OF CERTIFIED	-ms	`		2	RESID				SIGNEO (1	fonth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH Robert Malam	O COMPLETEO CAUSE OF D	EATH (ITEM 27) Univ	6	N D	Horo:	22 5	. Gr	cene	51.	Ban Himore	
	JUL 19 1993 8	fulla Davidson-R	undere.								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			CERTIFICATE	OF	DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Charles R.	Leese				2. DATE OF DEATH DAY	93	3. TIME OF DEATH  ACRES 5, 45 PM
R		1 M 2 F 4	7 YRS. MO	under 1 year on the days of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of the strict of th	HOURS MIN.	7. DATE OF SHRTH (Month, Day, Year)  1 18-46  ATH	Coun	HPLACE (State or Foreign try) nnsylvania DEATH
DIRECTOR	RESIDENCE OF DECEDEN F  10a. STATE  10b. COUNTY	view na		DWN OR LOCATI			Carro	10d. INSIDE CITY
IL DIR	MD Carr	oll	West	minste	ZIP CODE		IGa. CITIZEN OF	LIMITS?  1 YES 2 NO WHAT COUNTRY?
FUNERAL	817 Mountai				21157		USA	14
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		HC ORIGIN? (Specify Yes or n, Puerto Rican, etc.)	No- 14. RAC Blac Spec	E — American Indian, ck, White, etc. city:
TED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	16a. DECEDENT'S USA (Give kind of work life. Do NOT use re	done during mos	N t of working	166. KIND OF BUSIN	ESS/INDUSTRY	wii Le
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Owner	.,		Leese	Auto S	Sales
S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden Su		
BE	Charles L. Le  19a. INFORMANT'S NAME (Type/Print)	ese	19b. MAILING AD	DRESS (Street ar		Greenholt  Route Number, City or Town.		
5	Allison Leese							er, 21157
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Remov  4 Donation 5 Other (Specify)	al from State 20b.	PLACE AND DATE OF D stery, crematory or other	place)	ne of	7-26 Wes	TION — City or T	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	criders	22. NAME AN	D ADDRESS OF FA	CILITY		
	<b>•</b>				ts F.H	er. Md 21	asnıng 157	ton Road
CERTIFICATION	ahock, or heert failura. List immediate cause or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					Interval Between Onset and Death
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death bu	it not resulting in t	he undarlying	cause given in	Part I. 24a. WAS AN AL PERFORMI  1 YES 2	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 TWO
ICIA		HOSPITAL:		THER:	ACE OF DEATH (Ch			
BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	IRY AT	8 Other (Specify)  28d. DESCRIBE HOW INJ	URY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specific	At home, farm, stree	rt, factory, office		281. LOCATION (Street end City or Town, State)	Number or Rural	Route Number,
COMPLETED	one)	AN: To the best of my knowle On the basis of examination						(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Addita			29c. LICENSE NUN 26-3		Pd. DATE SIGNED	23/83
	30. NAME AND ABORESS OF PERSON WHO OF WELL GOLD	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	To Ha	ts ked	Ct. less	tminste	er. MQ 21157
	31. DATE (LED (Month), Day, Your) 2 6 93	11. REGISTRAR'S SIGNA	TURE - Ample BL				-	

or aftend	use as	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be fled within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	Ce.
by the	pe del	at on
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may be	r, page	st be
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death.	funeral i.	examin
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24 hou	y filled intion, or	the m
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execut	in and c to buris	njury, or other traumatic event, the medical examiner must be
ficate be	physicia ne prior	her tra
ath certi	tending al Hygie	or of
t the de	nd Ment	injury
ires tha	signed t	ws any
law requ	as been lept, of	23 sho
AN: The	ificate ha	Item
HYSICI/	this cert with the	ked, o
NDING	R: After	ls mar
A ATTE	IRECTOF	em 28
SPITAL [	IERAL D	E H H
THE HOS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur he filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2 8	Ξ

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF HEA		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	uffe				2. DATE OF OEATH MONTH DA	ž 4	3. TIME OF DEATH
	4. SOČIAL SECURITY NUMBER 220-10-6424	1 □ M 2 💢 F 80	n yrs. last birthday) YRS.	MONTHS DAYS H	FUNDER 24 HRS. DURB MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-26-12	C	ountry) Maryland
TOR	9a. FACILITY NAME (If not institution, give s  Dorchester Genera  RESIDENCE OF DECEDENT			ob. CITY, TOWN OR L Cambridg		ATH	Dorch	of DEATH Nester
BY FUNERAL DIRECTOR		nester	1.23	ry, тоwn оп Location ambridge				10d. INSIDE CITY LIMITS?  1  YES 2 NO
NERAL	4805 Skeet Club			21	643		USA	
	11. MARITAL STATUS 1 Never Married 25 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, specif		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 6 t h		16a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATION work done during most of see retired.)	f working	166. KIND OF BUS	ssing I	
BE CON	17. FATHER'S NAME (First, Middle, Last)  John Henry Camper				Dolly	ME (First, Middle, Malden : y Wright (	Camper	
70	19e. INFORMANT'S NAME (Type/Print) Gloria Camper					House Number, City or Town, Md. 2164:		<del>(e</del> )
	204 METHOD OF OISPOSITION 1	oval from Stata of c	emetary, cremator	e of DISPOSITION (Na y or other place)  Comptone 22. NAME AND		6-26-03 8	cation - chy alem, N	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				Funeral Ho	ome, Hu	ılock, Md.
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on as	the death. Do	not enter the mode	of dying, suci	h es cerdiec or reapi	ratory arreat,	interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Metas to o			10 of	the hu	9	Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A	CONSEQUENCE O	DF):	,		•	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	DF):		13		
MEDICAL	PART II. Other algnificant condition	e contributing to deeth be	ut not resulting	in the underlying o	ause given in	Part I. 14s. WAS AN PERIOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES & NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL;	W	OTHER:	E OF DEATH (Ch	9		
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, Til	JURY WORK	Y AT	8 U Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCUR	ED
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	— At home, farm,	street, factory, office		28f. LOCATION (Street a City or Town, State)		iural Route Number,
COMPLETED	CONTROL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	ICIAN: To the best of my knowless: On the basis of examination						use(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	2	22		OC LICENSE NUI	284	≥ 7	angeto insural and must
	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALLES OF DE	ATH ATEM OT A	- Prints			-	- 1 10

Print)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type AR LICE TO THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JSINESS/IND  JSINESS/IND  De or No—  De hmid  wn, State, Zip  107  OCATION—  alisb  ne, P	It  7, Easton, City or Town, State DURY, MD  P.A. Easton, ME	A Foreign
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IN AUTOPSY DRMED? 2 NO	AVAILABLE PRIC COMPLETION D OF DEATH?	F CAUSE
INJURY OC	CCURED	
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anner as stat		a stated
	ATE SIGNED (Month, Day, Yes	
and dua to th		nr)
910	et and Numb te) nanner as si and dua to	I ☐ YES 2 ☐  V INJURY OCCURED  et and Number or Rural Route Number, rie)  nanner as stated.  and dus to the cause(s) and manner as

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

8760, BALTIMORE, MARYLAND 21215-0020	ated within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	completely filled in by the funeral director, page 5 should be detached for use as the burial-transit rial, cremation, or removal.	c event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAF ERTIF	RTMENT	OF H	EALTH	AND I	MEN	TAL HYGIEN REG. NO.	E	U	
	1. DECEDENT'S NAME (First, Middle, Last)								2. D/	TE OF DEATH			3. TIME OF DEATH
- 3	JENNIE LOSCHIAV	O .								7/10/19		YEAR	12:20 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
- 5	577-03-9613D	$-9613D$ 1 $\square$ M 2 $\boxtimes$ F 103 YRS. MONTHS DAYS HOURS MIN. $05/15$							5/15/189	90	Anti	llo, Italy	
1	9e. FACILITY NAME (If not inetitution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH											NTY OF D	
DIRECTOR	Sacred Heart Nursing Home Hyattsvil								ville Prince Georg				
RE	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												10d, INSIDE CITY LIMITS?
		e George's		Нуа	ittsv	<b>i</b> 11€	2						1 X YES 2 NO
BY FUNERAL	10e. STREET AND NUMBER					101	ZIP COD				10g. CIT	ZEN OF V	VHAT COUNTRY?
ÿ	4305 Oglethorpe						2078	31			U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVEN FORCES? 1 1	ER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPAN	VIC ORI	GIN? (Specify Yes to Rican, etc.)	or No-	14. RACE	— American Indian, c, White, etc.
≥	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O				YES	2 X NO	Specify	y:	to recall, etc.)		Speci	"Y Italian
		ATION	1.00										Italian
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE:	ve kind of	Work done of retired.)	during mo	ON st of working	ng		16b. KIND OF BUS	INESS/INC	USTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)		iemak						Own Hor			
Ž.	17. FATHER'S NAME (First, Middle, Last)			lemar	Tel								
	Giuseppe Crupi									st, Middle, Malden			
H	190. INFORMANT'S NAME (Type/Print)									a Smiral			
2	Leo LoSchiavo									umber, City or Town			705
1	20e. METHOD OF DISPOSITION							eet,	_	eltsvill			
	1 X Burlai 2 Cremation 3 Remo	oval from State	20b. PLACE A cemetary, cres	motory or c	ther place!				1		CATION —	•	· ·
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	ENCEE	Fort 1	Linc	oln C	emet	DADDRE	7/1:	3/19	993  Brei	ntwoc	od, M	laryland
		LNSEE								Sons Fi	inera	1 Ho	me, P.A.
	W. B. G.	se											lle, MD
	23. PART I. Entar the diseases, or c shock, or heart failure. I	omplications that cause	sed the de	eth. Do	not enter	the mo-	de of dyl	ing, suc	h as c	erdiac or reepi	ratory an	rest,	Approximate
	MANUFOLITE CALLOR OF .				Λ.			/					Interval Between Onset and Daath
	disease or condition resulting in death)	MITT	RAC	_ (	110	JES ("OLD AGE")					7)		103 years
	Water Water I	DUE TO (OR	AS A CONSEC	UENCE O	F):						-		1
Z	Sequentially list conditions,	)											
Ĕ	If any, leeding to immediate	DUE TO (DR	AS A CONSEC	UENCE O	F):								
2	cause. Entar UNDERLYING CAUSE (Disease or injury												
Ë	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEC	OUENCE O	F):								
CERTIFICATION		l											
اب	PART II. Other significent conditions	contributing to dear	h but not re	esulting	in the un	derlying	ceuse (	given In	Part i.			24b.	WERE AUTOPSY FINDINGS
S	generor	o foot	ula	2						PERFOR	III.0559	+	AMAILABLE PRIOR TO COMPLETION OF CALISE
E I	0 0									1 TYES 2	240		OF DEATH?
-									_			: []	I THE PLINE
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck anly	ane)			
SS	EXAMINERY?	HOSPITAL:	Outpetient 3	□ DOA	OTHER		4 /T Be	aldence	5 [] O	ther (Specify)			
÷	27. MANNER OF DEATH	28e. DATE OF INJU	RY	286. TIM	E OF	25c. (NJ)	JRY AT	1	-	ESCRIBE HOW IF	JURY OCC	CUMED	
ВУР	3 Natural 5 Pending Investigation	(Month, Day, Ye	Nr)	IN.	M	1 V	EB 2	NO					
	2 Accident Investigation 3 Suicide 6 Could not be	29e. PLACE OF INJ	URY — At hor	ne, farm,	street, facto	ory, office	1	-	26t. L	DCATION (Street o	nd Number	or Runal R	Culte Mumber
Ħ	4   Homicide determinad	building, etc. (	Specify						C	ity or Town, State)			7.030.03034954
COMPLETED	29s. CERTIFIER A CERTIFYING PHYSIC	XAM: To the best of my k		- X		nsagu	Legispisci		VIVS2743			2.0	
₹		1: On the besis of examin											
8	296. SIGNATURING AND STILE OF CONTIFIES	1		100					1000	me and prace, and		_	A DESCRIPTION OF THE PERSON OF
8	X111. V. 11.	, (/ )					296. LICE	NSE NUN	HBER 7 /CL		29d DATE	BIONED	(Moyers, One; Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH ATC	1 27) /5	Deint1		v	4	-	0	+	7/2	173
	Dr. Peter Schiss					0 TO TO		C		ho1+ 1	· · · · · · · · · · · · · · · · · · ·	, / , , , , 1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S		way	CEILL	er D	TIVE	, GI	eer	belt, M	aryl	and	
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1. DECEDENT'S NAME (Firs	I, Middle, Lept	NRY ALOV	STIIS, LOC	IZM A N				2. DATE OF DEATH			3. TIME OF DEATH
11	a. F. F.	Y	Loc	Ema	7			7 -13 -	23	YEAR	735A "
4. SOCIAL SECURITY NUM 193-14-326		5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. les 70	"	IF UNDER 1 YE	1	MIN.	7. OATE OF BIRTH (Month, Day, Year)		Country	,,
9a. FACILITY NAME (If not in Prince Geo			-			WN OR LOCATIO	N OF DEAT	5/20/1923 rh		NTY OF O	
RESIDENCE OF DE	_	nospicai			- C	heverly	<i>'</i>		1	rino	ce George's
Md .	10b COUNT	nce Georg	ge's		erdal						10d. INSIDE CITY LIMITS? 12 YES 2 NO
10. STREET AND NUMBER 5611 64t		ue				10f. ZIP CODE 207			10g. CITIZ		/HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Olw		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 P	MED	If yes	DECENDENT OF	F HISPANIC	ORIGIN? (Specify Yes Puerto Rican, etc.)		14. RACE	,—American Indian, ,Whita, atc.
15. OE( (Specify on Elementary/Secondary (	CEOENT'S EDU nly highest grade (0-12)	CATION	16a. DE (G	ive kind of wo Do NOT use	sual occur ork done during retired.)	g most of working	,	U. S. G		USTRY	
17. FATHER'S NAME (First, A						18. MOTH		(First, Middle, Meiden : Balakier			
Felix Lo 19a. INFORMANT'S NAME (	Type/Print)		191	b. MAILING A	ODRESS (Str	eet and Number	or Rural Roc	ate Number, City or Town	, State Zin	Code1	
Robert	A. Loc	kman		5611	64th	Ave., F	River	dale, Md	. 207	737	
20a. METHOD OF DISPOSII 1	on 3 🗆 Rem		20b.PLACE / cemetary.cre Maryla	matory or other	teran:	S Cemet	S OF FACIL	7/16/93		Ltenl	nam , Md.
IMMEDIATE CAUSE (Fit disease or condition	neart reliure.	complicatione that	se opreach line		473	9 Balti mode of dylr	more	Avenue,	Hyatt atory arm	csvi]	Approximate Interval Between Onset and Death
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MIMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215	nin 24 nous after death. Page 6 may be retained by the hospital or atten-	ely filled in by the funeral director, page 5 should be detached for use as nation, octembral.	t, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle, La	st)			2. DATE OF DEATH		3. TIME OF DEATH
Frank Breu	ister Lov	ell		July 22	1993 V	12:15 A
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	F UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
214-38-9103	XXX M 2 □ F	82 YRS.	ONTHS DAYE HOURS MIN.	May 11 1	911 Gi	bson City, IL
9a. FACILITY NAME (If not institution, gi	ve street and number)	9	b. CITY, TOWN OR LOCATION OF C		9c. COUNTY	
Fairhaven Retir	omont Conto	n	Sykesville		Co	uroll
RESIDENCE OF DECEDENT	caneric ocrec	13	Julieus violece		-	
10a, STATE 10b, COU		10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
MD Car	roll		Sykesville			1 YES 2 NO
10s. STREET AND NUMBER		7	10f. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
1200 Third Aver	lue		2178	4	Unite	ed States
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	WIC ORIGIN? (Specify Y	en or No- 14	. RACE — American Indian,
1 Never Married & Married	FORCES? 1	OR DATES	If yes, specify Cuben, Mexic			Black, White, etc.
3 Wildowed 4 Divorced	I WWII					White
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DECEDENT'S US	SUAL OCCUPATION	16b, KIND OF B	USINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use n	k done during most of working etired.)			
	5 Plus	Chemist		Civil	Service	ce
17. FATHER'S NAME (First, Middle, Last)	11		18. MOTHER'S N	AME (First, Middle, Maide	n Sumame)	
Frank Blair Low	ell		1	Helen Brew	ster	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	OORESS (Street and Number or Rural	Route Number, City or To	wn, State, Zip Co	ide)
Helen Woodward	Lovell	7200	Third Avenue Si	ykesville.	Marylo	und 21784
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 R		20b. PLACE AND DATE OF			OCATION — City	
1 ☐ Burial 2 X Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) _	emoval from State	complete consistent or other				
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	LIA. LANCOL	Crematory 0:	ACILITY To law 1	Tare	Tunatal Ha
1 100			27 2060 01 0	Para DONN M	· layed	n runeral noi
23. PART I, Enter the diseases,			147 Duke of G			
Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events	bOUE TO (OR	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	roma of the			10 year:
reaulting in death) LAST	d					
PART ii. Other aignificant condit	iona contributing to de-	ath but not resulting in t	the underlying ceuse given in	Part i. 24e. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
					RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 TES	2 U NO	OF DEATH?
				_		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL						
EXAMINER?	HOSPITAL:	0	26. PLACE OF DEATH (CI	heck only one)		
1 TES 2 NO	1 Inpetient 2 I ER	I/Outpetient 3 DOA 4	Mursing Home 5 - Rasidence			
27. MANNES OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day, )		Y 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
3 Suicide 8 Could not I	28e. PLACE OF IN	JURY — At home, ferm, stre	et, factory, office	281. LOCATION (Street	and Number or I	Rural Route Number,
4 Homicide detarmined	building, atc.	(эреспу)		City or Town, State	9)	
29a. CERTIFIER , CERTIFYING DA	VSICIAN: To the head of	browledge de st				
			it the time, date end place, and due in my opinion, death occured at the			nuse(s) and manner se stated
29b. SIGNATURE AND TITLE OF CERTIF						
TALL THE OFFERIN	UM		29c. LICENSE NU		29d. DATE S	GNEO (Month, Day, Year)
30 NAME AND ADDRESS OF THE	- /·W		D3483	9	1/2	2/70
30. NAME AND ADDRESS OF PERSON			m) 01 011 1.	us MD	2/7	2//
William lan,			Na Exersibl	as Lin	01/0	4
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S					
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2000	00 0					DUM 16 Day 1

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 to marked or them 22 chance and lating or other traumatic around the medical examiner much he marked of necessions.

STATE OF	MARYLAND / DEPARTMENT		
	CERTIFICATE	OF DEATH	REG. NO.

9	3	2	2	6	6	9
		-	_			

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALI		TAL HYGIENI REG. NO.	9	3 22669
	1. DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH		3. TIME OF DEATH
1	Alice Talit				. Ju	ly 1:	1 199	
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR IF UN		ATE OF BIRTH fonth, Day, Year)	8.	BIRTHPLACE (State or Foreign
1	217-24-9434	1 □ M 2 Ø F 64	VDC	DAYS HOUR		c 12 192	28 M	aryland
\ m	9e. FACILITY NAME (If not institution, give st			9b. CITY, TOWN OR LOC				OF DEATH
) D	1121 Old Love Poi	nt Road		Stevensv	ille		Queen	Anne!s
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCATION	<u> </u>			10d. INSIDE CITY
늄	MD Queen	. Anne's	Sto	evensville				LIMITS?
A	10e. STREET AND NUMBER			10f, ZIP C	ODE		10g. CITIZEI	OF WHAT COUNTRY?
FUNERAL	1121 Old Love Poi				21666	9-5-	Unit	ed States
E	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	1 U.S. ARMED	13. WAS DECENDEN If yes, specify Co	uben, Mexican, Pue		or No 14	. RACE — American Indian, Black, White, etc.
A	₩Idowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES .	1 🗆 YES 2/X	NO Specify:			Specify: White
	15. DECEDENT'S EDUC		16a. DECEDENT'S U	SUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUS	
COMPLETED	(Specify only highest grade : Elemantary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during most of wo retired.)	orking			
e Z	12		Homemo	aker		Н	me	
COM	17. FATHER'S NAME (First, Middle, Last)				OTHER'S NAME (FA			
	Joseph Albert Tay	main.			dith Est			
TO B	Mary M. Jones		1121 (	ODRESS (Street and Num	nber or Rural Route I Paint Rai	iumber, City or Town	OWAUI	ele, MD 21666
	20. METHOD OF DISPOSITION X Burlel 2 Cremetion 3 Remo	205	ACE AND DATE OF	DIODOGITION (Nome of				
examiner must be	N Suriel 2 ☐ Cremetion 3 ☐ Remo	val from State	dar Bluk	L' Cemeteru	y 07-20-	93 An	nanol	is, Maryland or Funeral Home
	21, SIMMATURE OF FUNERAL SERVICE VIC	ENSEE /		22. NAME AND ADD	PRESS OF FACILITY	John M.	Taylo	or Funeral Home
Exa	Hugled d.	In TIL		147 Duke	of Gloud	cester S	t. Ani	rapolis, MD
The Car	23. PART I. Enter the diseases, or co	omplications that caused	the death. Do no					
	shock, or heart fellure. I	iat only one couse on ea	nch line.					intarval Between Onset and Death
E .	disease or condition resulting in death)	Carcu	non	Cosis				6 w7 (
		DUE TO (OR AS A	CONSEQUENCE OF):					
S S	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):					
AT I	if any, lasding to immediate cause. Enter UNDERLYING		oonscoreing or j.					
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST							
AL C	PART II. Other aignificent conditions	contributing to death be	ut not resulting in	the underlying caus	se given in Part i	. 24a. WAS AN	NITOPSY	24b, WERE AUTOPSY FINDINGS
						PERFORI	WEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDIC						1   YES 2	NO NO	OF DEATH?
Z Z								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			F OEATH (Check onl	y one)		
XSI	1 U YES 2 TO NO	1   Inpetient 2   ER/Outp		OTHER: Nursing Home 5	Residence e 🗆 C	Other (Specify)		
	27. MANNER OF GEATH  1 K Natural 5 Pending	(Month, Day, Yeer)	28b. TIME INJU	RY WORK?		OESCRIBE HOW IN	JURY OCCUR	EO
	2 Accident Investigation	28e. PLACE OF INJURY	- At home form etc	M 1 YES 2		OCATION (Co	- 4 1	
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, stc. (Spec	ify)	eet, tectory, office	201.	City or Town, State)	na Number or	Rural Route Number,
BE COMPLETE	290, CERTIFIER 1 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	adaa dadbaaaaaa					
\ \d								euse(s) end manner es stated.
S	200. SIGNATURE AND TITLE OF CERTIFIER	-			LICENSE NUMBER			
	4 Schools	5	- 15 he	1 0	05750	4	DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO		ATH OTER DELTHON P	nintt				1113
	ICALPH E. LI	BBY, M. A.	- (	FRASON.	VILLE.	MD.	216	\$8
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE		t			
1	1111 1 0 4000 -							

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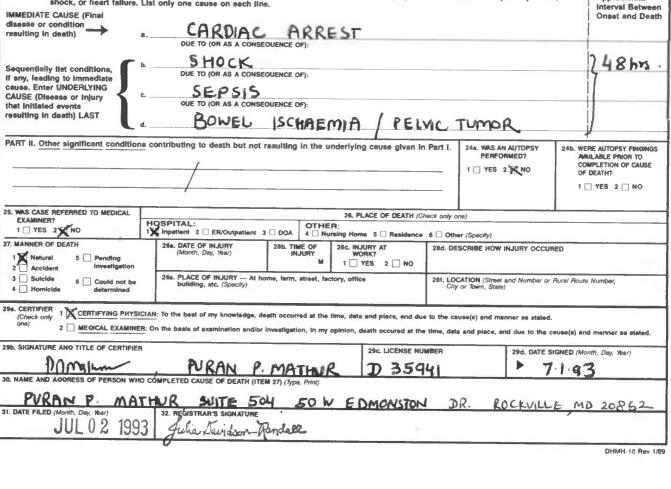
JUL 02

cremation, or removal. the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo

93 22670 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 1. OECEDENT'S NAME (First, Middle, Last) 30/93 2. DATE OF DEATH OAY 3. TIME OF DEATH Hester LEMA PEgg Peggy 1355 06 20 93 4. SOCIAL SECURITY NUMBER d. AGE (In yrs. last birthday 5. SEX 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 🗌 M 2 😾 F DAYS HOURS 240-68-7571 YRS 3,1943 May Ν. Carolina 9a. FACILITY NAME (If not institution, give street and number 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Shady GROYE Rockville MO RESIDENCE OF DECEDE 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Frederick Monrovia 1 TES 25 NO permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 3988 Rye Lane use as the burial-transit 21770 American 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES XXNO Specify: 1 Never Married 2 Married BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ast of working Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) न Robert Hester Issac Madie Ray BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Joseph E. Lema 3988 Rye Lane, Monrovia, Maryland 21770 e 20e. METHOD OF DISPOSITION

1 State 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Pleasant Grove Cem. Ijamsville, Md. event, the medical examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY Olin L. Molesworth, P.A., Funeral Hm Meri alliams Damascus, Maryland 20872-0117 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition CARDIAC AR ARREST resulting in death) SHOCK traumatic 748hm CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING SEPSIS CAUSE (Disease or Injury other QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST BOWEL 0 ISCHAEMIA PELVIC TUMOR shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 NO OF DEATH? 1 TES 2 NO has be Dept. ( PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) h the State D HOSPITAL: **EXAMINER?** OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH this c 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Is marked, 1 Netural 2 Accident 5 Pending death v BY 1 YES 2 NO 26s. PLACE OF INJURY -- At home, farm, atreet, factory, office building ste (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined FUNERAL DIRECTOR: within 72 hours after 28 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE THE



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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		STATE OF MARYLA					93	3 22671
9	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICATE U	F DEATH	REG. NO.		
1	43	lie Lee.	Jr.			2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE		3. TIME OF DEATH
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ì	578-78-3521 1	№ 2 □ F 34	YRS.	MONTHS DAY		Oct. 14,	1958	
Œ					N OR LOCATION OF DE	EATH		OF DEATH
5	Washington Adventi	ist Hospital		<u>la</u>	koma Park		Mon	tgomery
IRE(	10e. STATE 10b. COUNTY			Y, TOWN OR LO				10d. INSIDE CITY LIMITS?
LD	D. C.		W	lashing				1 X YES 2 NO
FUNERAL DIRECTOR	444 Condon Terrace	e. S. E.			101. ZIP CODE 20032			n of what country? ted States
S	11. MARITAL STATUS 12.	. WAS DECEDENT EVER IN I	U.S. ARMED		DECENDENT OF HISPAN	IC ORIGIN? (Specify Yes		. RACE — American Indian,
ВУ	1 X Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1 YES			specify Cuben, Mexica res 2 📉 NO Specify			Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON spleted)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during	ATION most of working	16b. KIND OF BUS	INESS/INDUS	TRY
PLE	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)		borer		Privat	e Ind	ustrv
NO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		
BE	Willie L. Simmons,	, Sr.		_		Lattimore		
6	19a. INFORMANT'S NAME (Type/Print) Flora Dorsett					Route Number, City or Town		ode)
	20s. METHOD OF DISPOSITION	20b F	PLACE AND DATE			oma Park, N	OCATION — City or Town, State	
	1 X Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State cemet	tery, crematory or or larmony	ther place)			idover	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	ÆE	m. m. m.	22. NAME	AND ADDRESS OF FAC	CILITY		
	PRn. Hod					Co. Morti Street, N.		, inc.
	23. PART i. Enter the diseases, or com- ahock, or heart failure. List	plications that caused to	the deeth. Do n	ot enter the	mode of dying, sucl	h ss cardiec or reapi	ratory erres	t, Approximate interval Between
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OTHER: 4   Nursing H E OF URY M 1 [ street, factory, of	PLACE OF DEATH (Che ome 5 General Residence INJURY AT WORK? YES 2 NO Initial and place, and due to death occured at the 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. 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32. REGISTRAR'S SIGNATURE

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	YSICIAN: TI	s certificate	th the State	d, or iter
	NOING PHY	R: After this	ir death wil	is marke
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	E HOSPITAL	FUNERAL	1 within 72	RTANT: IL
	THE CL	THE CT	be filed	IMPO

31. DATE FILED (Month, Day, Year)

JUL 21 '93

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTBAR'S SIGNATURE

General

2

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR						YGIENI REG. NO.		3	2267	2
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DA		YEAR	3. TIME OF DEAT	тн
	WILLIE LEW 4. SOCIAL SECURITY NUMBER	WTS 5. SEX	6. AGE (in yrs. les	ot hirthday)	I IE UNDE	ER 1 YEAR	IF UNDER	2 04 MBC	7. DATE OF 8	17 BURTH		93	0750	AMI
	050 50 4077	1 🖾 M 2 🗆 F		4 YRS.	MONTHS		HOURS	MIN.	(Month, De	26/5 Maria	9	Countr	HPLACE (State or Fo try) orgia	preign
	9a. FACILITY NAME (If not institution, give stre		L			ry, town o					9c. COU	NTY OF D	DEATH	
OR	Dorchester Ge	neral h	Hospita	al '	Ca	ambr	·idg	е			Dor	ches	ster	
DIRECTOR	10a. STATE 10b. COUNTY			10c. Cl7	TY, TOWN	OR LOCAT							10d, INSIDE CITY	
	J	chester	r		alle alle s		Hu	rloc	ck				LIMITS?	
FUNERAL	10e. STREET AND NUMBER Post Office Bo	ox 106				10f.	f. ZIP CODE		643				WNAT COUNTRY? States	
F.	11. MARITAL STATUS  1 Never Married 2 Married		NT EVER IN U.S. AR		13.	WAS DEC	ENDENT C	OF HISPAN	NIC ORIGIN? (S	pecify Yea	or No-	14. RACE Black	E — American Indi	an,
ВУ	3 Wildowed 4 Divorced		WAR OR DATES	10			2 D(NO			1, 816.,		Speci	- 7	ck
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. Df	ECEDENT'S	S USUAL (	OCCUPATIO	ON		16b, K/N	ID OF BUS	SINESS/IND	USTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5 d		Give kind of version of version with the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of the Minimum of						umbe				
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)			V 171 =	11 -	-05-								
BE CO		John Le					E1.	izab	ME (First, Middle beth l	Lewi	s			
5	Mrs. Virginia	Peters	on E	P.O.	Bo	× 10	nd Number 06,	Hur.	Route Number C lock,	MD	1, State, Zip 216	<sup>Code)</sup>		
	20a, METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Remov  4 Donation 5 Other (Specify)		20b. PLACE A cemetery, cre.	AND DATE (	eme	tery	y		1	Pre		n, N	Marylar	
	21. SIGNATURE OF FUNERAL SERVICE LICE	· Esken	0-0		22. F 1	rame and	Box						eral Ho	ome 332
	23. PART I. Entar the diseases, or co- ahock, or heert fellure. Li	mplications that let only one car	it coused the de	a		er tha mod	de of dyl		h as cardlec				Approxim Interval B	ate etween
	iMMEDIATE CAUSE (Final disease or condition	Ma	4-4-+	-10	1	Na		G CAI					Onset and	d Death
	resulting in death) a.	DUE TO	O (OR AS A CONSEC	OUENCE O						TITE M	AND TO	* DII	277.07	-
NO	Sequantially list conditions, b.	. Chr	UNIC	065	Truc	11	e	14/1	CTIVE I	A	D'I'S	641	SHASE	
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OF AS A CONSEC	DUENCE OF	Fi:	. 1).			/	/				
FIC	CAUSE (Disease or Injury that initiated events	OUE TO	OR AS A CONSEC	OUENCE O	S/71U	) Kin	14	CTO	GARETT:	E SM	OKTNO	3		
HE	resulting in death) LAST				A**	-	/_						į	
L CE	PART II. Other significant conditions	contributing to	death but not		In the U	-ndarlying	~ celise	when In	Phone I 24s	. WAS AN	··· respect	7 24h	A VENDOS A	
PHYSICIAN: MEDICAL		Vollerious	Godii	Cantillia .	All tire =.	Auerry	Canso a	Nen		PERFOR	MED?	240.	MAILABLE PRIOR COMPLETION OF C	TO
AED.									_   '	YES 2	□ NO		OF DEATH?	
Z I								-					1   150 4   1	40
CA		HOSPITAL:			ОТНЕ		ACE OF O	EATH (Che	eck only one)					
IXSI			ER/Outpatient 3	_	4 🗆 Nur	rsing Home		sidence	6 Other (Spi					
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	Day, Year)		JURY M		PRK? YES 2	] NO	28d. OESCRIB	BE HOW IN	JURY OCC	URED		
B	3 Sulcide 6 Could not be 4 Homicide determined	28a. PLACE U building,	OF INJURY — At hor, etc. (Specify)	me, farm, s	street, fact	tory, office			28f. LOCATION City or Tox	N (Street al wn, State)	nd Number	or Rural R	Route Number,	
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIA													
COMPLET	0799) 2 MEDICAL EXAMINER:	: On the basis of ar	xamination and/or I	Investigatio	on, in my o	opinion, de	eath occur	red at the f	time, data and	place, and	d due to the	e cause(s)	i) and manner as s	tated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	011	<				29c. LICE	ENSE NUM	_		29d. DATE	SIGNED	(Month, Day, Year)	

Hospital, Cambridge, MD 21613

D-4370

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, name 5 should be detacted for use as the burnaturnesh parmet
be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND REGISTRAR	/ DEPARTMENT	OF HEALTH AND OF DEATH	ID MENTAL HYGIEN	7 . 7	22673				
	1. DECEDENT'S NAME (First, Middle, Last) Hal Lucas			2. DATE OF DEATH		525 A M				
	4. SOCIAL SECURITY NUMBER  5. SEX  1 1 M 2 F  68	YRS. MONTHS	DAYS HOURS M	Month De 1925	s. BIRTHPI Country) West	Virgina				
TOR	9a. FACILITY NAME (If not institution, give street and number)  Sinai Hospital  RESIDENCE OF DECEDENT		altimore	OF DEATH	9c. COUNTY OF DEA	ATH				
DIRECTOR	Maryland Baltimore	10c. CITY, TOWN C	R LOCATION MILLS			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER  12 St. Thomas Lane  11. MARITAL STATUS  12. WAS DECEMENT EVER IN ILE.		101. ZIP CODE 21117		10g. CITIZEN OF WH					
ВҰ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Otvorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 Married IF YES GIVE WAR OR DATES  1941-1945	ARMED 13.	WAS DECENDENT OF HI If yea, specify Cuban, M I _ YES 2 _ NO S	SPANIC ORIGIN? (Specify Yea axican, Puarto Rican, etc.) pecify:	or No— 14. RACE - Black, Specify:	- American Indian, White, atc.				
LETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	DECEDENT'S USUAL, OF (Give kind of work done of ite. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUS						
COMPLET	12 17. FATHER'S NAME (First, Middle, Lest)	upervisor	18 MOTHER	S NAME (First, Middle, Maiden	pers Co.					
ш	Henry R. Lucas			F. Forshey	Surname)					
TO B				tural Route Number, City or Town						
	Bessie Jane Lucas			Owings Mil:						
	20. HETHOD OF DISPOSITION 1 Lurial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)	EAND DATE OF DISPOS  TOTAL PROPERTY OF OTHER PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	. Gardens	7-23-1993	Sykesvill					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22.1	NAME AND ADDRESS O	F FACILITY	3.1.1					
	y. South Eesland	11	605 Reist	neral Chapel erstown Rd.	Owings Mil	ls. MD. 211				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arreat, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  11605 Reisterstown Rd. Owings Mills, MD. 2114  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  13days									
	resulting in death) • DUE TO (OR AS A CONS	EOUENCE OF):	TO IN LAST	war bleed		130AYS				
NO	Sequentially list conditions, if any, leading to immediate	tive Bo	acterer	NIA		10day5				
CAT	cause. Enter UNDERLYING	COURNCE OF):				5 days				
CERTIFICATION	that initiated account	FOLIENCE OF:	l Infanc	tion - 2° Hy	potension	13daps				
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the ugderlying cause given in Part 1.  Acute Tubular Necrosis - Kianey  1 Yes 2 No  248. WAS AN AUTOPSY PINDINGS AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
BY PHYS	1 YES 2 NO 1 Inperient 2 ER/Outpatient  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident	28b. TIME OF INJURY	Ing Home 5 Raside: 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW th	JURY OCCURED					
8	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At I building, etc. (Specify)	nome, tarm, street, facto	ory, office	28t. LOCATION (Street a City or Town, State)	nd Number or Rural Rou	te Number,				
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, one)  2 MEDICAL EXAMINER: On the basis of examination and/or					nd menner as stated,				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER BOOK	ND	29c. LICENSE	NUMBER	29d. DATE SIGNED (M	onth, Oly, Veer)				
	30. NAME AND ADDRESS OF FERSON WHO COMPLETED CAUSE OF FEATH (IT	EM 27) (Type, Print)	Sinai H	spital E	Baltimon	2				
	JUL 21 '93 4de	Tandem-Adre	682	•						

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## STATE OF MADVIAND / DEDA

	1 - STATE REGISTRAR	SIMIC OF	CE	RTIF	ICATE	OF	DEAT	H H	MENIAL	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Charles	Ernest	Miller	1					2. DATE (	PF DEATH	993	YEAR	3. TIME OF DEATN 6:03 A
	4. SOUTH SECURITY NUMBER 217-32-2819	5. SEX 1X M 2 F	6. AGE (In yrs180) - 58	vanday)	# UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) 3-12-1935			Cour	THPLACE (State or Foreign natry) TGinia
OB	9a. FACILITY NAME (If not institution, 3830 Renner Roa	d (resi	dence)	96. CITY, TOWN OR LOCATION OF DEATN Waldorf							9c. COUNTY OF DEATN Charles		
딥	RESIDENCE OF DECEDEN  10a. STATE  10b. CO		10c. CITY, TOWN OR LOCATION 10d INSIDE CITY									Les was a second	
DIRECTOR	Md. Ch			ldorf		ION						10d. INSIDE CITY LIMITS? 1 □ YES 2 ※ NO	
	10e. STREET AND NUMBER						ZIP CODE		19g. CITIZEN OF				WHAT COUNTRY?
ER/	3830 Renner Roa	ad				1 2	20602				1	S.A	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	NT EVER IN U.S. ARM I ☑ YES 2 ☐ NO MAÑ OR DATES		13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puerto Rican, etc.) 1  YES 2 XNO Specify:  Specify: White						CE — American Indian, ck, White, etc.			
	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)			USUAL O		ON st of working	~	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) Iffo. L	Do NOT u	se retired.)			-					
ĕ	12 grades 17. FATHER'S NAME (First, Middle, Les		Radi	0 &	TV T	echr				Self H	_	oyed	
8	Raymond Miller	0								iddle, Meiden arie F		7	
BE	19a. INFORMANT'S NAME (Type/Print)		19h	MAILING	ADDRESS	/Street n				or, City or Yowi	4		
2	Helen Renner Mi	.ller	38	30 F	Renne	r Ro	l., W	aldo	orf, l	Md. 20	0602	o Code)	
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town, State											Town, Stata	
	4 Donation 5 Other (Specify) Trinity Mem Gdns 7-26 Waldorf, Md.										d.		
	21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE HUNTT	4		22. I	he E	o ADDRES	Fun	eral	Home,	Tno		
		.0.111			27 P	.0.	Box	156,	Wald	dorf,	Md.	206	04
	23. PART I. Enter the diseases, ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. DUE TO	use on each line.	JENCE O	m	the mod	de or dyll	ng, auch	n aa cardi	ac or respi	ratory ar	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):												
5	resulting in death) LAST	d											
PHYSICIAN: MEDICAL (	PART II. Other algorificant cond	aulting	PER						REFORMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
Ž I	25. WAS CASE REFERRED TO MEDICA					26. PL	ACE OF DE	ATN (Che	ck only one,	)			
Sign	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	DOA	OTHER 4 Num		5 Res	idence (	6 🗌 Other	(Specify)			
훒	27. MANNER OF DEATH	28s. DATE OF (Month, D		28b. TIM		28c. INJU	JRY AT		_	RIBE NOW IF	JURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigat	lon			М	1 🗌 Y	ES 2 🗌	NO					
	3 Suicide a Could not determine	building.	PF INJURY — At home etc. (Specify)	e, farm, s	Hreet, facto	ory, office			261. LOCA City or	TION (Street a Town, State)	nd Numbe	or Rural	Route Number,
COMPLETED		NYSICIAN: To the best of MINER: On the bests of s											(s) and manner as stated.
띪	29b. SIGNATURE AND	ru					29c. LICEI D-2	2574	MBER 29d. DATE SI			E SIGNE	23/93
2	30. NAME AND ADDRESS OF PERSON Timothy R. Pace					f, M	larvl:	and	20604	4		1/	
Timothy R. Pace, M.D. P O Box 249 Waldorf, Maryland 20604  31. DATE FILED (Month, Day, New), 93  32. REGISTRAR'S GRONATURE Fundamental Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Con													

BALTIMORE, MARYLAND 21215-0029 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burned here within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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	OSPITAL	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME	ENT OF H	EALTH AND		E	3 22675				
	1. DECEDENT'S NAME (First, Middle, Last)	Suzanne McCai	CERTIFICA	AIE UF	DEATH	REG. NO  2. DATE OF DEATH MONTH D.		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER		-			7 2		3 0825 4				
	HILLSTON CONTRACTOR HAVE AND ADDRESS OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE		MONT	INDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. E	SIRTHPLACE (State or Foreign country)				
	268-40-9311		19 YRS.	DATS	HOURS MIN.			Visconsin				
DIRECTOR	So. FACILITY NAME (If not institution, give street and number)  Shady Grove Adventist Hosp. TOCKVIILE  Montgomeny  RESIDENCE OF DECEDENT											
	Maryland Mon	gomery	10c. CITY, TOV	wn or Local				10d. INSUDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
j j	11304 Stryver Co	ourt			20878		Unit	ed States				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 1 NO	If yes, sp	ENDENT OF NISPAI ecity Cuban, Mexica 2 XNO Specif	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	2	RACE — American Indian, Black, White, atc. Specify: White				
Si I	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S USUA	L OCCUPATIO	ON.	16b. KIND OF BUS	PINESS (NAD) IST					
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	(Give kind of work do life. Do NOT use retire Teacher	one during mo ed.)	ist of working	Monte	gomery lic Sch	County				
Ö	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Surneme)					
BE (	Robert J. Ress				Janet 1	DeLong						
5	19a. INFORMANT'S NAME (Type/Print) Richard L. McCart	hy	196. MAILING ADDR	RESS (Street a	Court, (	Route Number, City or Tow Gaithersbu	n, State, Zip Code	20878				
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 🕱 Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from State 20b.	PLACE AND DATE OF DIS etery, cremetory or other plant ntgomery C	POSITION (Na	7/23/9		CATION — City					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1.	22. NAME AN	D ADDRESS OF FA	CILITY	Liiesua,	Maryland				
	· Raly J	and	M00198	Robert 300 V Rocky	A. Pump Vest Moni Ville, Ma	ohrey Funer gomery Ave aryland 20	ral Hom enue 0850-28	e/Rockville,				
	23. PART I. Enter the diseasea, or can shock, or heart fallure.	complications that caused List only one cause on as	tha death. Do not an	ntar tha mo	da of dying, suc	h as cardiac or reapi	ratory arrest,	Approximata				
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	CHRONIC A		us c	EUKEM	IA , BLAS	TCRIS	Interval Batween Onset and Daeth				
		DUE TO (OR AS A	CONSEQUENCE OF):									
RTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):									
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
Ē	resulting in death) LAST		outorograde of j.									
8		1										
	PART II. Other algolificant condition	a contributing to death be	ut not reaulting in the	underlying	cauae givan in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
MEDICAL						PERFOR	6.4	AVAILABLE PRIOR TO COMPLETION DF CAUSE				
						1   YES 2	TIL/40	OF DEATH?				
						_		1 YES 2 NO				
¥	25. WAS CASE REFERRED TO MEDICAL			20.04	105 05 051711 (0)							
i i	EXAMINER?	HOSPITAL:		IER:	ACE OF OEATN (Ch							
PHYSICIAN	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpu		$\overline{}$		6 Other (Specify)	· · · · · · · · · · · · · · · · · · ·					
2 Accident investigation M 1 YES 2 NO								D				
ТЕО	3 Suicide 6 Could not be detarmined	building, atc. (Speci	— At nome, tarm, street, ify)	factory, office		261. LOCATION (Street e City or Town, State)	nd Number of Ru	iral Route Number,				
الياا	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	edge, death occurred at th	he time date	and place, and due	to the operate and man						
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation, in m	ny opinion, de	eath occured at the	time, data and place, and	d due to the cau	se(s) and manner as eteled				
	SIGNATURE AND TITIZE OF CERTIFIER			1								
B	A LA LA STEP CERTIFIER	hela IID			29c. LICENSE NUN		29d. DATE SIG	NED (Month, Day, Year)				
2	30. NAME AND ABORESS OF PERSON WH	COMPLETED CHICAGO	•		D372	20.	1/0	21/93				

HENDRICKS,

CAROLYN

31. DATE FILED (Month, Day, Year)

JUL 2 3 1993

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		CE		ICATE OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle,	Last)						TE OF DEATH			3. TIME OF DEATH
	GERTRUDE	E MARY	' ME	ETTLI	ER		0		AY	93	6:15PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	2.04	TE OF DIRECT		-	PLACE (State or Foreign
	577-01-1607	1 □ M 2XXF	76	YRS.	MONTHS DAYS	HOURS MIN.	(M	onth, Day, Year)	16	Countr	y)
	9a. FACILITY NAME (if not institution		70		Oh CITY TOWN	OR LOCATION OF DE		1 21			ington, DC
DIRECTOR	PRINCE GEORG	SES HOSPITAL	CENTER			VERLY	EAIH			INCE	GEORGES
<b>E</b>		OUNTY		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
<u> </u>	Maryland Pri	nce Georges		100, 011							LIMITS?
	10e. STREET AND NUMBER	ince deorges		L		verly					1 X YES 2 ND
FUNERAL	3127 Belleviev	v Avenue			10	20785					States
5	11. MARITAL STATUS	12. WAS DECEDEN				ENDENT OF HISPAN			or No-	14. RACE	— American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	☐ YES 2XXN AR OR DATES	0		ecify Cuban, Maxica 2 XNO Specifi		to Rican, etc.)		Speci	r, Whita, atc.
- 11	3 X widowed 4 □ Divorced					2121					nite
茰	15. DECEDENT' (Specify only highes	S EDUCATION t grade completed)			USUAL OCCUPATI		1	16b. KINO OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	Hidea .	Do NOT us		stomer					
2	12	_	Se	rvic	e Repres	sentative	e ,	1	& TA	T	
COMPLETED	17. FATHER'S NAME (First, Middle, La	st)				18. MOTHER'S NA	ME (Fire	st, Middle, Maiden	Sumeme)		
BE	Will	iam Durham				Lavin	ат	omsett			
	19a. INFORMANT'S NAME (Type/Print	)	19b.	MAILING	ADDRESS (Street	and Number or Rural I			n, State, Zi	p Code)	
임	Roberta L. Mul	lins	1	528	Youngs 1	Point Pla	ace,	Hernd	on. T	7irai	nia 22070
	20a. METHOD OF DISPOSITION				F DISPOSITION /N				_	City or To	
	1 Donation 5 Other (Specify		cemetery, cren	natory or of	har place)	tery 7/2	1				
	21. MUNATURE OF FUNERAL SERV	CE LICENSEE	1 1 0 0 1	121100	22. NAME A	D ADDRESS OF FA	CILITY	Robert	Δ	Dumph	rey Funeral
ij	mind of	a) 4/ 1			Home/	Rockvill	e.	Inc. 3	00 W	. Mor	taomery
- 6	Micheles	J. TVITTA	1	348	Ave.,	Rockvil	le,	Maryla	nd	20850	)-2805
	23. PART I. Enter the disease shock, or heart far IMMEDIATE CAUSE (Finel disease or condition resulting in death)	liure. List only one cau	se on aach lina.				n ss c	ardiec or respi	ratory er	reat,	Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	d.	OR AS A CONSEQ	UENCE OF	7):						
MEDICAL	PART II. Other significant con	ditiona contributing to	death but not re	esulting i	n the underlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Z I	OF MAC CACE DESCRIPTION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE										
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEON EXAMINER?	HOSFITAL:			OTHER:	ACE OF DEATH (Ch	eck only	one)			
S	1 TYES 2 ND	1 Sinpatient 2		DOA		e 5 🗆 Rasidence	6 🗆 O	ther (Specify)			
E	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF (Month, De		28b. TIMI		URY AT RK?	28d. 0	DEŞCRIBE HOW I	NJURY OC	CURED	
<u> </u>	1 Natural 5 Pending  P Accident Investig				M 1 🗆	res 2 ND					
- 11	3 Suicide 8 Could n	or be building.	INJURY — At horr atc. (Specify)	ne, 1arm, a	treet, factory, offic	•		OCATION (Street a		r or Rural R	oute Number,
<b>.</b>	4 Homicide determin	ned						.,,,			
2	29a. CERTIFIER (Check only	PHYSICIAN: To the best of	my knowledge, dez	th occurre	d at the time, date	and place, and due	to the	cause(e) and mer	ner ea st-	ted.	
COMPLETED		AMINER: On the beels of ex									end menner se stated.
	29b. SIGNATURE AND TITLE OF CER				100000000000000000000000000000000000000						
H H	./1/1	aical				29c. LICENSE NUN		,	29d. DAT	E SIGNEO	(Month, Day, Year)
2 ∦	30. HAME AND ADDRESS OF PERSO					D437	116			1147	-/93
	Kaj.s. Ballal	Prince C	corge's			Cheverly		My 2	0785		
	31. DATE FILEO (Month, Dey, Year)	32. REGISTRAL	R'S SIGNATURE	202_							

	FOR
١.	STATE
	REGISTRAR

	1 - STATE REGISTRAR	STATE OF N					EALTH /		ENTAL HYGIEN		00 220	
	1. DECEDENT'S NAME (First, Middle, Last)		INGTON N	1ĄCKA	LL				2. DATE OF DEATH MONTH D		YEAR 3. TIME OF	DEATH
	4. SOCIAL SECURITY NUMBER		Macka						7-1	7-	<b>93</b> 3:30	Рм
		5. SEX 1 □ 2 □ F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS 2	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State Country)	or Foreign
	577-03-5667 9a. FACILITY NAME (If not institution, give stre	22	82	Tho.	9b. CITY	TOWN C	R LOCATION		DEC.30,19		MARYLAND	
BO	3642 EDELMAR TER						9c. COUNTY OF DEATH  MONTGOMERY					
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			SILVER SPRING								
DIRECTOR	MARYLAND MO	SILVER SPRING						10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	101. ZIP CODE						1 YES 2 NO				
FUNERAL	3642 EDELMAR TERRA						2090	06			USA	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1		MED IO		f yes, sp	cify Cuban,	Mexican,	ORIGIN? (Specify Yes Puarto Rican, etc.)	or No-	14. RACE — American Black, White, atc.	Indian,
ВУ	3 Widowed 4 □ Divorced	IF YES, GIVE W				T YES	2 X NO	Specify:			Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ITION ompleted)	(Gi	CEDENT'S	work done	CCUPATIO	N st of working		16b. KIND OF BU	SINESS/IND		
J.E.	Elementary/Secondary (0-12)	College (1-4 or 5 +	·) #fe.	fe. Do NOT use retired.)								
OMI	17. FATHER'S NAME (First, Middle, Last)		AC	CCOUN	TANT		18. MOTHE	R'S NAM	FEDERA]  E (First, Middle, Malden		ERNMENT	
BE C	ALAN ARMSTRONG MA	ACKALL							N SABINA M		T.TAMS	
TO B	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	(Street a			ute Number, City or Tow			
	ROBERT A. MACKALL			30X 7				NORTI	CAROLI		27920	
- 1	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACEANDDATEOF DISPOSITION (Name of cemetery, crematory or other place) RESURRECTION CEMETERY  7/20 CLINTON, MARYLAN											
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	I KESC	ICKEC	22.	NAME AN	D ADDRESS	OF FACI	LITY			
	2 semble	and w							LINS FUNE		OME, INC. SPR.,MD 2	
	23. PART i. Enter the diseases, or co	mplications that	t caused ha da	ath. Do r	ot antar	tha mo-	da of dyln	g, such	as cardiac or reapi	retory arr	est, Appro	kimata
1	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition That A Third Cause on the condition That A Third Cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of											and Death
	immediate cause (Fine) disease or condition resulting in death)  a. Metastatic Adenocarcinoma of Lug  Due to (or as a consequence of):									2 mil	ntles	
z												
E	Sequentially list conditions, if any, leading to immediate	UENCE O	<b>9</b> :			_	W 5					
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	UENCE O	n:								
CERTIFICATION	resulting in death) LAST				,							Į
2	PART II. Other aignificant conditions	contributing to	death but not n	eaulting	n tha un	deriving	cause giv	ven in P	art i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPS	V FINDINGS
SICAL									PERFOR	MED?	AVAILABLE PR	IOR TO
ME										op	OF DEATH?	□ NO
Ä	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL:	EB/Outpution 2		OTHER	t:	ACE OF DEA		,,			
¥	27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	JRY AT		Other (Specify)	NJURY OCC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ay, reary	INJ	URY M	1   Y	ES 2	NO				
	3 Suicide 8 Could not be 4 Homicide determined	ne, farm, s	street, facto	ory, office	ı	2	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Ē	29a. CERTIFIER	ANI. To the board					_					
COMPLETED	Check only  Check only  Check only  MEDICAL EXAMINER:										ed, e cause(a) and manner	na stated
	MA SUCHAPUTE AND TITLE OF CERTIFIER	0		0			29c. LICEN					
TO BE	/ lebet.	Zodesh	, M.	N			MD	31	612	29d. DATE SIGNED (Month, Day, Year)  7/19/93		
-	30 HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM		Print) 2901	1 11	1	C	10	. 3	AD	
	31. DATE FILED (Month, Day, Year)	2 AEGISTIA	13 SIGNATINE	600	701	4	ney -	-0(11	ray ofren	Ka	. Otrul	y MI
	JUL 2 0 1993	Juna view	Inton-Mark	-								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21215-0020	cate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, P.O.

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4-09-0STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Kenneth 07 - 15 - 93Mitchell SR 2251 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M 2 F 207 09 9025 Pa 04-09-08 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington Adventist Hospital Takoma Park Montgomery 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland MONTGOMERY Takoma Park 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 501 Elm Avenue 20912 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ∑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify: WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15, DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 10 MONOTYPE OPERATOR GP0 17. FATHER'S NAME (First, Middle, Lest) 18, MOTHER'S NAME (First, Middle, Maiden Surname) JOHN W. MITCHELL EDITH KNIGHT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JANET MITCHELL ELM AVENUE TAKOMA PARK, MARYLAND 20912 20g METHOD OF DISPOSITION
1 💢 Burlal 2 🗆 Cremation 3 💢 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) ADDISON CEMETERY 7/20 ADDISON, PENNSYLVANIA 21. SIGNATURE OF FUNERAL SERVICE-EICENSER 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such ea cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Multiple M
DUE TO (OR AS A CONSEQUENCE OF): Mye resulting in death) 1 yeur Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO Diobets melleties (Nim bush 1 YES 2 NO Councy Arter Dusé 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

DIRECTOR FUNERAL burial-transit В the COMPLETED USe ğ notified at 9 pe must examiner medical 6 ripietely filler cremation, o the traumatic event, and com burial, MEDICAL CERTIFICATION the attending physician ar other t OR ATTENDING PHYSICIAN: The law requires that the death certifi 9 signed by the any I been t. of PHYSICIAN: Dept. h the State D. marked, this ( BY After death ETED | DIRECTOR: A hours after di 99 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the circumstance. COMPL TO THE FUNERAL C be filed within 72 h IMPORTANT: If II HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Robut d. h D38588 7/16/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) L.DE JAGER, MD. 14808-Physicion's done Rogeville MD 20850 32. BEGISTRADO SIGNATURA Juna Day doon-Randale

MARCHEL SECTIONS

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M	IARYLAN	ID / DEPAI CERTIF					MENT	AL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last) PCARL		VOEL						2. DAT	E OF OEATH	%7	93	3. TIME OF DEATH 9:27 A.M	
	4. SOCIAL SECURITY NUMBER 216-68-2439	5. SEX 1  M 2 X F		rs. last birthday) 73 YRS.	IF UNDE MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DAT (Mor 03-	E OF BIRTH onth, Day, Year) -22-192	20	Counti	IPLACE (State or Foreign y) XYLAND	
DIMECTOR	HOLY CROSS HOSPITAL						R SPI		ATN			9c. COUNTY OF DEATH MONTGOMERY		
EC	10a. STATE 10b. COUNTY			10c. Cr	ry, TOWN	OR LOCAT	ION	-			10d. INSIDE CITY			
W	MARYLAND MONTGON	ERY COUN	YIY	BU	RTON	TONSVILLE  101. ZIP CODE					LIMITS? 1 YES 2 NO			
FUNERAL	4214 DUNWO	OD TERRA	CE	20866									STATES	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S		13.	WAS DEC	ENDENT C	F NISPAN	IIC ORIG	IN? (Specify Y			- American Indian,	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W			It yea, specify Cuban, Maxican, Puarto Rican, stc.)								c, Whita, stc.	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16	a. DECEDENT'S	work done			ng	16	b. KIND OF B	USINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+		HOMEMA						OWN	HOME			
BE CO	17. FATHER'S NAME (First, Middle, Last) EDWARD ADLER									Middle, Meide	n Surname)			
2	190. INFORMANT'S NAME (Type/Print)	_								mber, City or To				
	MILTON MANDEL		100				-	ice,	-				land 20866	
	20s. METHOD OF SISPOSITION  1  Burlal 2  Cremetion 3  Ramo 4  Donation \$  Street (Specify)	val from State	cemeter	ry, cramatory or C	ther placa				1	19 ADE	OCATION —			
	21. SIGNATURE OF FUNDIAL SERVICE LICE	ENSEE			22.	NAME AN	D ADDRES		CILITY				PELS, INC.	
_	14000			-		170	Rock	vil]	le P	ike. R	lockvi	i11e.	MD 20852	
	shock, or haart fallure. L	se on aach	SHOCK							piretory ar	Approximate Interval Between Onset and Dea			
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ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Inlury.											2 Days		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  CAUSE (Disease or Injury that Initiated events resulting in death) LAST										UNKNOWN			
		•												
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in						tha underlying cause given in Part i. 24a. W Pi					24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
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CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF O	EATH (Che	ick only d	one)				
IXSI	1 YES 2 NO 27. MANNER OF DEATH	1 inpetiant 2	1 - 1		4 🗆 Nu	sing Nome		aldenca		er (Specify)				
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TED BY	2 Accident investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, term, street, tack building, etc. (Specify)												oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMPLE													
- 11														
TO BE	Dauy D/Cub					D21153   ≥7-17-93   ≥7-17-93							1-93	
	29c. LICENSE NUMBER D21153 29d. DATE SIGNED (Month, Dgs. Year) \$7-17-93  50. NAME AND MODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  GARRY D. RUBEN, M.D. 11120 New Hampshire Are 201 MD 20903													

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	F FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit perments within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	RTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - FOR STATE REGISTRAR 93 22680 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR J4LY 25 Ε. HAROLD MASSEY 1993 0618 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 1 M 2 | F DAYS HOURS 217-36-0810 86 YRS. 06-11-07 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland
100. STREET AND NUMBER Somerset 1 YES 2 NO Westover FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7435 Old Westover Marion Road 21871 U.S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indian, Black, White, atc. If yes, specify Cuhan, Mexicen, Puerto Ri
1 ☐ YES 2 ☐ NO Specify: 1 Neyen Merried 2 Merried IF YES, GIVE WAR OR DATES ВУ Specify: Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Farmer/Poultryman 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumeme) Gordon Massey Sarah F Matthews 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles E. Massey 7435 Old Westover Marion Rd., Westover, Md 20a. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE cemetery, crematory or other place) Rehobeth Baptist 4 Donation 5 Other (Specify) 7/28 Rehobeth. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home Min M00295 Princess Anne. Maryland 21853 23. PARTY Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory strest, Approximate ahock, or hasrt failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finsi **Onset and Deeth** disease or condition resulting in death) ZWAS neumonia OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO Obstructive Disease COMPLETION OF CAUSE 1 TES 2 X NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 - YES 27 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only Check only Check only PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) ern- M. D. 07-25-93 SHI 08008 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
THOMAS C. HI'll JR, 108 PINE BluFF Rd. SAHSBURY, MD 32. REGISTRAR'S SIGNATURE Ashie Devidson-Randall DHMH-18 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician.  y the funeral director, page 5 should be detached for use as the burial-transit permonal.  cal examiner must be notified at once.	
•	filled in or re	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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REGISTRAR			C	ERIIF	ICATE	: OF	DEATH		REG. NO.			
	FORD F	H. MAISON						2. DATE OF MONTH July	17,	1993	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUM 542 38 868		5. SEX	6. AGE (In yrs. In 89	yrs.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, E	12, 1	904	6. BIRTHPLA Country) Ores	CE (State or Foreign
9a. FACILITY NAME (If not in 5255 Lightf	oot Pa				9b. CITY		R LOCATION OF DE			9c. COUN	TY OF DEAT	Н
RESIDENCE OF DE	CEDENT 10b, COUNT	24		140 - 017	ry, TOWN C	010047	1011				1.00	d. INSIDE CITY
Maryland	How	rand			Colu	nbia					1	LIMITS?
5255 Light		ath					2IP CODE 1044				U.S.A	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Div		12. WAS DECEDENT FORCES? THE IF YES, GIVE WI	YES 2			f yes, sp	ENDENT OF HISPAI telfy Cuban, Maxica 2 NO Specif	in, Puerto Ric	Specify Yea an, atc.)	or No-	14. RACE — Black, W Specify:	American Indian, Thita, etc.  White
15. DE	CEDENT'S EDU	JCATION e completed)	16a. D	ECEDENT'S	Work done	CUPATIO	IN st of working	16b. K	IND OF BUS	INESS/INDU	USTRY	
Elementary/Secondary		College (1-4 or 5+	-	le. Do NOT u	Comp				Or	egon	State	
17. FATHER'S NAME (First, I	Middle, Last)						18. MOTHER'S NA	ME (First, Mid		Surname)		
19a. INFORMANT'S NAME	Type/Print)		1	9b. MAILING	G ADDRESS	(Street a	nd Number or Rural	Floute Number	City or Town	State, Zip	Code)	
Paul, Maison				5255	Light	tfoo	t Path C	olumb:	ia Md	210	)44	
20a. METHOD OF DISPOSI 1		noval from State	20b. PLAC		SITION (Na	me of cer	netery, crematory or		20c. LOC	ATION - C	City or Town,	Stets Maryland
21. SIGNATURE OF FUNER	AL SERVICE LI	A. Wil	The				H WITZK					ity 2104
Sequentially list cond if any, leading to imm ceuse. Enter UNDERL' CAUSE (Disease or in that initiated events	ediata riNG ury	bDUE TO	OR AS A CONS	EOUENCE C	COF):	000	D					
PART ii. Other signific		d.	double but not		In the con-	ما ما ما ما ما ما ما		Prot La	An. WAS AN		I an III	
PARI II. Other signific	ant condition	na contributing to	oeeth but not	resulting	in the ur	idenyin	g cause given in		PERFOR	MED?	CI	ERE AUTOPSY FINDING ALLABLE PRIOR TO DIMPLETION OF CAUS F DEATH?
25. WAS CASE REFERRED	TO MEDICAL		-			26. PI	ACE OF DEATH (C)	neck only one)				
EXAMINER?		HOSPITAL:	ER/Outpatient	3 🏻 DOA	OTHE!		e 5 1 Residence	8   Other	Specific)			
27. MANNER OF OEATH		28a. DATE OF	INJURY	28b. TII	ME OF	28c. IN.	URY AT		RIBE HOW IF	JURY OCC	UREO	
1 Natural 5 2 Accident	Pending Investigation				JURY M	1 🗆	PRK? YES 2 NO					
3 Suicide 6 4 Homicide	Could not be determined		F INJURY — At atc. (Specify)	nome, tarm,	, street, rac	югу, отпо			TON (Street a Town, State)	nd Number	or Hurel Hou	te Number,
cont only		SICIAN: To the best of IER: On the besis of a										nd manner aa stated
296. SIGNATURE AND TITE	E OF CERTIFI	ER 1	1	1			29c. LICENSE NU	MBER		29d, DATE	E SIGNED /M	fonth, Djay, Year)
1.	ho	100	/(	in			01	7221		<b>N</b>	2/1	2/07
30. NAME AND ADDRESS WARREN M 31. DATE FILED (Month, Date 1)	PERSON W	HO COMPLETED CAUS	SE OF DEATH (IT	TEM 27) (Typ	e, Print)	Dain	e 5.11.	-H /	1:4.	A4 A	2/10	43
31. DATE FILED (Month, De	r, Year)	32. REGISTRA	R'S SIGNATURE	11	P111		<u> </u>		11	7.1		7 50
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Harry H Witske Puneral Hows Inc.

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	REGISTRAR		CATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) John T. M.	lcSweeney			2. DATE OF DEATH	lv.	YEAR 3	. TIME OF DEATH	
						<u> </u>	TLA.	3:45 P	M
			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPL Country)	ACE (State or Foreign	,
	133-18-5262 - 1፟፟፟⊠ м ₂ □ ғ	91 YRS.	ONTINS DATE	HOURS MIN.	08-27-0	2		York	
~	9e. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OR	LOCATION OF DE		9c. COUNT	Y OF OEA	тн	
OF	St Agnes Hospital		Baltim	ore		Ba:	ltimo	ore	
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY	I too CITY	TOWN OR LOCATIO						
E C	MD Baltimore		atonsvil				10	Od. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		404	77.0005		The second second		YES 2 NO	
RA	711 Maiden Choice Lane		101, 4	21228		US		AT COUNTRY?	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EV	ED IN ILC ADVED	T 40 1144 0 0000						
	1 Never Married 2 Married FORCES? 1 X	YES 2 NO	If yes, spec	ify Cuban, Maxica	IC ORIGIN? (Specify Yes	or No- 1	4. RACE — Black, V	- American Indian, Vhita, alc.	
B	3 ₩ Widowed 4 □ Divorced IF YES, GIVE WAR O	WWII	1 TYES 2	NO Specify	:		Specify:	ad to a	
G	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	SUAL OCCUPATION		16b. KIND OF BUS	INESS/INDU		nite	
mi T	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of wor life. Do NOT use i	k done during most retired.)	of working					
릴		Vice Pre	esident		Electr	ical (	Const	truction	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame)		-	$\exists$
BE	Patrick McSweeney			Marga	ret Clark				
B P	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AI	DDRESS (Street and	Number or Rural F	loute Number, City or Town	, State, Zip C	ode)		
٦	John T. McSweeney, Jr.	9457 (	Garrett	Lane El	licott Cit	y MD	21042	2	
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ② Cremation 3 ☐ Ramoval from Stale	20b. PLACE AND DATE OF cemetery, cremetory or other		e of	DATE 20c. LOC	CATION - CI	ty or Town	, State	
	4 Donation 5 Other (Specify)	Metro Crema	atory		7-17-93 Ca	tonsv	ille	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-0		ADDRESS OF FAC			т	21043	$\overline{}$
	Harry H. Wels	Les .			e Funeral mbia Pike				'
	23. PART I. Enter the diseases or complications that ca	used the desth. Do not	antar the mode	of dying, such	as cardiec or reeple	ratory erres	it,	Approximate	$\dashv$
	shock, or heert failure. Liet only one cause of	on each line.						Interval Betwee	
		NAMY EDE	noh					Onset and Date	WC11
	DUE TO (OR	AS A CONSEQUENCE OF):						-	$\dashv$
z	CONGE	HTWE HE	pat 19	MLURE					
월	it stry, leading to immediate	AS A CONSEQUENCE OF):				<u> </u>			$\exists$
3	CAUSE (Disease or injury								
CERTIFICATION	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):							
	d							-	-
CAL	PART II. Other significant conditions contributing to dear							ERE AUTOPSY FINDING	GS
	Paget's Dosuse	Esture 81	p orif		PERFOR		CC	MILABLE PRIOR TO OMPLETION OF CAUSE	.
ME	Paget's Drawe							F DEATH?	H
	Alsohal Abure						1		
N N	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?		26. PLAC	CE OF DEATH (Che	ck only one)				$\dashv$
	1 YES 2 NO HOSPITAL:		THER:  Nursing Home	5 - Rasidence	B Other (Specify)		_		$\neg$
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJU (Month, Day, Ye	RY 28b. TIME C	F 28c, INJUR	TA Y	26d. DEŞCRIBE HOW IN	JURY OCCU	RED		$\dashv$
B	1. Natural 5 Pending 2 Accident Investigation			5 2 NO					- 1
	3 Suicide 6 Could not be 28s. PLACE OF INJ building, stc. (	URY — Al home, farm, atre Specify)	et, factory, offica		261. LOCATION (Street as City or Town, State)	nd Number or	Rural Rout	e Number,	$\neg$
LED	4 Homicide determined				City of lown, State)				
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my k	nowledge, death occurred a	nt the time, data ar	nd place, and due t	to the cause(s) and man	ner as stated.			$\neg$
COMPLE	one) 2 MEDICAL EXAMINER: On the basis of examin	ation and/or investigation, i	in my opinion, dear	th occured at the t	lme, data and place, and	I due to the o	cause(s) an	nd manner as stated.	. [
	29b. SIGNATURE AND TITLE OF CERTIFIER		2	9c. LICENSE NUM	BER	29d. OATE S	RGNEO (Mo	onth, Day, Year)	$\dashv$
O BE	part B. Commy MEL	nom RESID	ENT				-14-		
=	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	int)				. •	13	$\dashv$
	RAVL F. CONSING , ST. A	GNES GAPIF	ITAL P	MITIM	ORE, MO	•			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	IGNATURE							$\dashv$
	JUL 20'93 Graha Davido	on-Mandell							
	-								

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2., nours after death. Page 6 may be retained by the hospital or attending physician,

CIAL SECURITY NUMBER  1.80-16-1355  CICILITY NAME (If not institution, give in the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of th	street and number)  t Blvd.  Blvd.  12. 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AME  1	Blvd.  SPANIC ORIGINATION PROPERTY:  16  S NAME (First, I a R)	Earl  Earl  Int (Specify Year Rican, etc.)	9e. COUNTY Ceci  eville  10g. CITIZEN U.S  a or No- 14.	POF DEATH  10d.  10d.  1 U  OF WHAT (  A.  RACE — AI Black, White Specify W)	merican Indian, Ita, atc.
ACCILITY NAME (II not institution, give in the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the coun	street and number)  t Blvd.  TY Cil.  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(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE-DE CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)	1 - STATE REGISTRAR		STATE OF P	MARYLAND C	DEPART				MENT	AL HYGIEN		3	2200	4
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22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home, Inc  4308 Suitland Rd. Suitland, MD 20746  23. PART I. Enter thy diseases, o'r combilications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between Onset and Death  Approximate Interval Between Onset and Death  PART II. Other algnificant conditions.  If any, leeding to immediate causes (interval Due to (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  24ea. Was an Autropsy prenonce and a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  24ea. Was an Autropsy prenonce and a consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of	1 Burial 2 Cremation	3 Removal	frem State	cemetery, cre	AND OATE OF	DISPOSITI er plecej	ION (Neme		1					
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29d. DATE SIGNED (MORTE), Day, Year)					- garrott,	, ори				and place, an				med.
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NAME AND ADDRESS OF DEPONUE 14, 1993		PERSON WHO CO	MPLETED CALIS	E OF DEATH #TE	M 27) /5 0	rint)		N/AT 0==:		077				
MALGOLM GROW USAF MEDICAL CENTER						inaj								
Todd W. Poindexter, Capt, USAF, MC ANDREWS AFR MD 20331_6600	31. OATE FILED (Month, Day, Ye	ear)	32. REGISTRA	P'S SIGNATURE	Pandale	)		**************************************	AI.	e ru	2033	,1-0		
Todd W. Poindexter, Capt, USAF, MC ANDREWS AFR. MD 20331-6600	31. OATE FILED (Month, Day, Ye	ear)	32. REGISTRA	S SIGNATURE	Ond-00				444	, 111/	2000			
Todd W. Poindexter, Capt, USAF, MC ANDREWS AFB, MD 20331-6600  31. OATE FILED (MONTH, Day, 1964)  32. REGISTRAN'S SIGNATURE.  JUL 1 5 1993  Author Pandale	JUL 15	1993	gena	uauydson-1	milmor	•								- 1



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm is field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IVA

DHMH-16 Rev 1/89

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

U.S.A.

Caucasian

Specify:

14. RACE — American Indian, Black, White, etc.

1 TYES 2 XXNO

Approximate

Interval Between Onset and Death

8:40 pm

DIRECTOR

FUNERAL

BY

COMPLETED

BE

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notified

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event.

PHYSICIAN: MEDICAL CERTIFICATION

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funeral director, page 5 should be detached for

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certificate has been signed by the attending phys h the State Dept. of Health and Mental Hygiene p d, or Item 23 shows any Injury, or other?

is marked, ΒY

COMPLETED

BE 2

TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is

BALTIMORE, MARYLAND 21215-0020

2. DATE OF DEATH

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nours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):	. 0	luce:		Cragulas
PART II. Oshay significant condition	s contributing to death but in	of resulting in the c	anderlying cause given	PER	S AN AUTOPSY SFORMED? S 3 [] NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
25. WAS CASE REPERRED TO MEDICAL EXAMINER? 1   YES 2   NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA 4 DN	26. PLACE OF DEATH (			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28s. TIME OF INJURY	28c. BAJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HO		URED
3  Suicide 8 Could not be determined	26e, PLACE OF (NJURY — Ar building, etc. (Specify)	home, farm, street, fe	ctory, office	281. LOCATION (Str. City or Yours, S	teet and Number ( tate)	or Purel Route Mumber,
29a. CERTIFIER	CIAN: To the heat of my brawledge					

SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

32. REGISTRAR'S SIGNATURE a Day doon Randall

and su

		FOR
1	_	STATE
•		REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE UF MAKE	(LAND / DEPART CERTIFI	CATE OF	IEALTH AND I DEATH	MENTAL HYGIE! REG. NO		, 22000
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR 3. TIME OF OEATH
David	Andrew		Morden			80, 19	
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
562 91 5058	212121	21 YRS.			may J	1972	Stockton Ca.
9a. FACILITY NAME (If not institution, give s	11 - 11			OR LOCATION OF DE	ATH		TY OF OEATH
Physicians Memor:	ial Hospita	1	La Pla	ta		Cha	rles
10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
Maryland Prince	ce George's		Bowie				LIMITS? XX YES 2 NO
10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
12609 Quarterhor	rse Drive			20720		Uni	ted States
11. MARITAL STATUS  1 K Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 \( \subseteq \text{ YE}	R IN U.S. ARMED	13. WAS OED	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No-	14. RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES NO		ZXNO Specify		1	Specify: White
15. DECEDENT'S EDU	CATION	18a. DECEOENT'S U	JSUAL OCCUPATION	ON	16b. KIND OF BU	SINESSANDA	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we	ork done during me	st of working	Tool Kind of Bu	311123311100	20101
12		Cashi	er		Gas	Stat	ion
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maider	Sumame)	
Gerald Lloyd Mo:	rden			Berna	adette Ros	e Men	des
19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Tox		
Barbara Morden				erhorse I	Orive Bo	wie M	aryland 20720
20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 🏋 Cremetion 3 ☐ Rem		tob. PLACE AND OATE OF complery, crematory or oth Metropol:					ity or Town, State
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		Metropol		ematory  ND ADDRESS OF FAC		exandi	ria Virginia
D1 + C	5	$\mathcal{D}$	Beal:	L-Evans F	uneral Ho	me, P	.A.
Nover C	. Com	a. Mes			is Rd. Bo		
			10000	Aimapoi	IS Ku. BU	wre Mo	1. 20/15
23. PART i. Enter the diseases, or a shock, or heart fallure.	complications that caus List only one cause on	sed the death. Do no	ot enter the mo	de of dying, such	as cardiac or resp	iratory srre	et, Approximate
immediate cause (Finsi	complications that cause constitution only one cause on	sed the death. Do no each line.	ot enter the mo	de of dying, such	as cardiac or resp	iratory srre	
snock, or heart failure.	complications that cause List only one cause on	each line.	ot enter the mo	de of dying, such	as cardiac or resp	iratory srre	et, Approximate Interval Between
immediate cause (Finsi disease or condition	complications that cause conficient only one cause on a.  DUE TO (OR AS	each line.	ot enter the mo	de of dying, such	as cardiac or resp	iratory srre	et, Approximate Interval Between
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Snock, or neart failure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  29 Suicide 6 Could not be determined  29. CRITIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	B. 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(ES 2 NO  and place, and due eath occured at the	Part I. 24a. WAS AN PERFO  1 YES:  24d. Conty one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. 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IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if smy, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Ves 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  30 Suicide 6 Could not be determined  29. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	B. 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Pt  OTHER: 4   Nursing Hom OF M   1   1   Treet, factory, office is at the time, date i, in my opinion, d	and place, and due seth occured at the tage. LICENSE NUM D-27348 Box 164	Part I. 24a. WAS AN PERFO  1 YES:  6 Other (Specify)  28d. DESCRIBE HOW  261. LOCATION (Street City or Town, State Of Part II.  261. Location (Street City or Town, State Of Part II.  261. Location (Street City or Town, State Of Part II.  262. Location (Street City or Town, State Of Part III.  263. Location (Street City or Town, State Of Part III.  264. WAS AN PERFO  1	AUTOPSY RMED?  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WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  JRED  Provided Route Number, Autopsy Findings Available Prior To COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  JRED  Course Route Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To Course Number, Autopsy Findings Available Prior To C

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Put the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3 1993

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transft por filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION (	TO THE HOSPITAL OR ATTENDING PA	TO THE FUNERAL DIRECTOR; After the be filed within 72 hours after death w	IMPORTANT: It item 28 is mark

BY

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REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH July 10, 1993 YEAR Mary Lucille MYERS 4:40 А, м 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, 1997) 1927 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 XX Penna. 65 210-16-2259 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Doctors Community Hospital Lanham, MD P.G. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Prince Georges Lanham XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIR CODE 10g. CITIZEN OF WHAT COUNTRY? 9502 Washington Blvd. 20706 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2 1 Never Married 2 Married 2 NO 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Cauc COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 Book Binder 0 Norwidge Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Elmira Lloyd BE Arnold Myers 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lanham, MD 20706 9502 Washington Blvd. Jesse Coffey 20s. METHOD OF DISPOSITION
1 N Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 4 Donation 5 Other (Specify) Mocks Hills Cemetery Boggs Twnship, PA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Heath Funeral Home whlne 701 Lingle St. Osceola Mills, 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) Cardine arrly 1 2 mes DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING Terrorderote CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO Comiparents PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify) 27. MANNER OF DEATH 28b. TIME OF INJURY 28s. OATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED N/A 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, offica building, atc. (Specify) 3 🗌 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29e. CERTIFIER
(Check only one)
(Check only one)
(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as attated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Queeno bury Rd Hyatter 112 no 2018 DEVORE MO 4203 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1 2 1993

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	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE O				3. TIME OF DEATN
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	DIICCET	т мас	SHALL,	SR.				1		RESA				
H	19a, INFORMANT'S NAME (7		OILAUU,	SK.	19b. MAILIN	3 ADDRESS	S (Street )			RESA  Aoute Number			Code)	
2	RUSSEL	T. MAR	SHALL,	SR.				EN B			PITOL			MD 20743
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	ahock, or h	eart failure.	Liat only one cau	use on each i	ine.	not enter	tne mo	ode of dy	ng, suc	h as cardia	c or respin	ratory arre	eat,	Approximate Interval Between
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1	resulting in death)	<b>→</b>	a. Dus m	100 45 4 000	VULL	no	NOV	7	a	wes				
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L I	1 Natural 5	Pending	(Month, D	Day, Year)		JURY	WC	ORK? YES 2	7 MO	280. DESCI	RIBE HOW IN	JURY OCC	URED	
B	2 Sulaida	Investigation	28s. PLACE O	OF INJURY — At	home larm	etraat fact			J NO	201 LOCAT	ION (Street a	and Moranham	D / D-	A. M
		Could not be datarmined	building,	etc. (Specify)	none, sam,	J. 1001	ory, once	.•		City or	Town, State)	na Number (	or Hunai Hou	ite Number,
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COMPL			CIAN: To the best of											
8				AMINISTRUM AND	or investigati	on, in my o	pinion, c				nd place, and	due to the	cause(s) s	ind manner as stated.
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	TO THE MILE ADDRESS OF	- Engon WH	O COMPLETED CAU	SE OF DEATN (F	т <b>см 27)</b> (Турс	, Print)							- 1	
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	A'S SIGNATION			_							·
	JUL 1		Julia	Davidson	Mandel	2								
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TO BE COMPLETED BY FUNERAL DIRECTOR

					CALE	OF DEATH		REG. NO			
1. DECEDENT'S NAME (First, M	liddle, Last)				J	/ DEATH		TE OF DEATH			3. TIME OF DEATH
MARY	RIT	'A	MOOF	RE				O HTM	AY	YEAR 93	7:15AM M
4. SOCIAL SECURITY NUMBER	3 1	5. SEX 6. A	GE (In yrs. last	birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS	. 7. DA	TE OF BIRTH	-	8. BIRTHP	PLACE (State or Foreign
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9a. FACILITY NAME (If not instit	tution, give stree	et and number)			9b. CITY, TO	WN OR LOCATION OF	DEATH	1.5		NTY OF DE	<u></u>
PRINCE GEORG		SPITAL CE	NTER	- 1	CHE	EVERLY			PR	INCE	GEORGE 1 S
RESIDENCE OF DECE	OENT Ob. COUNTY			40 0000							
1000		George's			TOWN OR L						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	TTIICe	George S		KIV	erdale	101, ZIP CODE					1 X YES 2 NO
4814 Madison	Stree	t				20737					HAT COUNTRY?
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1 Never Married 2 Married PORCEST 1 YES 2 (A)MO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, Whi					White, atc.						
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(Specify only hi		mpleted) College (1-4 or 5+)	(Gh	to kind of wi Do NOT use	ork done during retired.)	g most of working					
12			Pur	chas:	ing Ag	ent	ī	J.S. Gov	vernm	ient	
17. FATHER'S NAME (First, Middle	.,,					18. MOTHER'S	NAME (Fire	st, Middle, Maiden	Surname)		
Frederick E.		ue				Marie	Good	lwin			
JOHN Moore 19418 Eldred Place, Seabrook, Maryland 20706											
20a, METHOD OF DISPOSITION	2 🗆 🗈		20b.PLACEA	ND DATE O	F DISPOSITION					City or Tow	
4 Donation 5 Other (Sp	pecify)	II from State	George	matory or oth Was	hingto	on Cemete	rvi 7	/16/93	Ade	lphi.	Maryland
21. SIGNATURE OF FUNERAL S	ERVICE MCEN	ISEE .			22. NAM	E AND ADDRESS OF	FACILITY				
Vach	1	Fran	_/			ncis Gaso					
23. PARY I. Enter the dise	ases, or con	npilcetions that ceu	sed the dec	th. Do no	t enter the	9 Baltimo	ore A	Avenue,	Hyat	tsvil	lle, MD
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PLACE OF DEATH ( Home 5   Residence IMJURY AT WORK?  YES 2   NO office  date and place, and d in, deeth occurred et til  29c. LICENSE N  D 26.	Check only  a 6 Or  28d. C  28f. Lu  28f. Lu  UMBER	24a. WAS AN PERFOR 1 VES 2  One)  ther (Specify)  DESCRIBE HOW IF  OCATION (Street a light or Town, State)  cause(s) and man atte and place, and	AUTOPSY MED?  NJURY Occurred Number as etat d due to the 29d. DATI	CUREO  Or Aural Rool  ed.  De cause(s) (	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  I YES 2 NO  ute Number,  and manner as stated.  Month, Day, Year)



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAI Certif		OF DEA		TAL HYGIEN	_		
1. DECEDENT'S NAME (First, Middle, Last)					2. 0	ATE OF DEATH	AY	YEAR 3.	. TIME OF DEATH
	JOSEPH		MACK,				2		L.:35 AM
4. SOCIAL SECURITY NUMBER 213-26-7532	1.XXM 2 □ F	AGE (In yrs. last birthday) 62 YRS.		EAR IF UNDER		ATE OF BIRTH	31	8. BIRTHPL Country)	ACE (State or Foreign
90. FACILITY NAME (If not institution, give  NORTH ARUNDEL H		SOCIATION	100	EN BUR			9c. COUN	A.A.	
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT			TY, TOWN OR						d INSIDE CITY
MD ANNE	ARUNDEL			GH RD.	GLE	N BURNI	E		LIMITS?
100. STREET AND NUMBER 304 RALEIGH ROA	D			101. ZIP COD			10g. CITI		AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2/ Married 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? Y I		13. WA	S DECENDENT		IGIN? (Specify Year rto Rican, etc.)		14. RACE — Black, W	- American Indian, Vhite, etc.
15. DECEDENT'S EDU (Specify only highest grad	JCATION	18e. DECEDENT'S	USUAL OCCI	JPATION		16b. KIND OF BU			
Elementary/Secondary (0-12)	College (1-4 or 5+)	MACHIN	ise retired.)	ATOR	ng	WESTER	N ELE	CTRIC	
17. FATHER'S NAME (First, Middle, Last) HARRY MACK SR.					HER'S NAME (FA	RICK	Surneme)		
190. INFORMANT'S NAME (Type/Print) CHRISTINE S. MA	CK	196. MAILING SAME	AS 10	treet end Number	r or Rural Route I	lumber, City or Tow	m, State, Zip	Code)	_
Total METHOD OF DISPOSITION  1 Burlel 2 Cremetton 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE AND DATE	OF DISPOSITION	N (Name of RY 7-16	5-1993			Oity or Town,	
21. SIGNATURE OF FUNERAL SERVICE LI CHARLES E. HI	//	A)!!	22. NA	ME AND ADDRE	SS OF FACILITY		OLIS.	MD.	21401
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR	AS A CONSEQUENCE O  AS A CONSEQUENCE O	F):						
PART II. Other significant condition	d	th but not resulting	In the unde	riying cause	given in Part i	. 24a. WAS AN PERFOR	MED?	AM CC OF	ERE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		OTHER:	26. PLACE OF D	EATH (Check onl	y one)			
1 VES NO  27, MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJU		4 Nursing IE OF 28 JURY 28	c. INJURY AT WORK?		Other (Specify) DESCRIBE HOW I	NJURY OCC	URED	
2 Accident Investigation 3 Salcide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, stc.	JURY — At home, farm, (Specify)		Office	281.1	OCATION (Street e	and Number	or Rural Routi	re Number,
290. CERTIFIER (Check only	ICIAN: To the best of my s	nation end/or investigation		on, death occur			d due to the	SIGNED (Mc	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WIND LONG S. HSU, M. I	D./300 HOSP			LEN BUF	RNIE, M	D. 210		7-12	-12
31. DATE FILED (Month, Day, Year)  JUL 1 9 199	32 REGISTRAR'S	SIGNATURE : 4 AC							
F.110 -	-	ANALYS CONTRACT							DHMH-16 Rev

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MAKYLAND 21213-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21203-3146	physi	buna	
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ON OF VITAL RECORDS, P.O. BOX 13146,	ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-train beath with the State Deut, of Health and Mental Hydiene prior to bunal, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	-	45 -	

permit. Pages 1, 2, 3 should

HOSPITAL OR ATTENDING PHYSICIAN: The

OIRECTOR: After the hours after death well tem 28 is mark

FUNERAL ( IMPORTANT: IF

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2. DATE OF DEATH 3. TIME OF DEATH June 29, 0AY 1993 YEAR Marjorie Rose McKinley 4:15 A. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH
(Mogth, Day, Year)
Feb. 3, 1937 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 577-48-0964 MONTHS DAYS HOURS 56 New Jersev 1 M 2 X F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 5636 Glen Hill Ct. DIRECTOR Jefferson Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE tod. INSIDE CITY LIMITS? Md. Frederick Jefferson 1 YES 2 K NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZE? OF WHAT COUNTRY? 5636 Glen Hill Ct. 21755 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 XXO Specify: 11. MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X 10 IF YES, GIVE WAR OR DATES 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Married White BY 3 Widowed 4 N Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEBENT'S EDUCATION 186 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) secretary legal 12. PATHER'S HAME (First, Mickels, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Irvin Webb Rose Pearl Adams 88 Tim. INFORMANT'S NAME (7/0w/Frint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Andrea M. Poulos 5636 Glen Hill Ct., Jefferson, Md. 21755 20s. METHOD OF DISPOSITION
1 | Burlel 2 | Premittion 3 | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donetight S C Other (Specify Smithsburg Crematory 6/30 Smithsburg, Md. 22. NAME AND ADDRESS OF FACILITY Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769 23 PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Hodylins DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reculting in death) LAST PART II. Other aignificent conditione contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? C-T-Elens 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 YO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: OTHER:
4 □ Nursing Home 5 Beeldence 8 □ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 20e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 Natural
2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER (Check only 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1 19 12.46 76 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 31. DATE FILED MONTH, Par Year 1993 82 REGISTRAR'S SIGNATURE

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	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE TRAR CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  2 9 C C	Naomi Ma	c Devit	2	DATE OF DEATH MONTH DAY		3. TIME OF DEATH	
	214-10-3029	SEX 6. AGE (In yrs. last bi	YRS. MONTHS DAYS	HOURS MIN. J1	Month, Day, Year)	908 Ma	HPLACE (State or Foreign try) Tyland	
TOR	Pe. FACILITY NAME (If not institution, give street of Frederick Memorial RESIDENCE OF DECEDENT			Prederick	н	sc. COUNTY OF	ederick	
DIRECTOR	10a. STATE 10b. COUNTY	ederick	10c. CITY, TOWN OR LOC Fred	ation erick			10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
FUNERAL	10a. STREET AND NUMBER 355 Montevue Lane		3	of. ZIP CODE 21702		10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes,	CENDENT OF HISPANIC opecify Cuban, Mexican, PS 2 NO Specify:		se or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATIC (Specify only highest grade comp Elementary/Secondary (0-12)	(Give illege (1-4 or 5+)	DENT'S USUAL OCCUPA' kind of work done during io NOT use retired.)		16b. KIND OF BUSI		Contrador Torr	
COMI	17. FATHER'S NAME (First, Middle, Last) John L. Cline	Waitress Resturant - C					oountry inn	
TO BE	190. INFORMANT'S NAME (Type/Print) Charles F. Trunk			and Number or Rural Rout	te Number, City or Town,			
	20a_METHOD OF DISPOSITION 1 A Burlet 2 □ Cremation 3 □ Removal	20b, PLACE AND	D DATE OF DISPOSITION /	Avenue, Fr		Md. 217 ATION — City or T		
TO BE COM	4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSI	Mount Olivet Cemetery July 2, 1993 Frederick, Maryla						
CERTIFICATION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Carrier Hand Failure  Due to (or as a consequence of):						Approximate interval Between Onset and Death 2. W/s	
TED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions co Rene Farl Honemia	ntributing to death but not rest	ulting in the underlyl	ng cause given in Par	1 YES 2	ED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL: Inpatient 2 - ER/Outpatient 3 -	OTHER:	PLACE OF DEATH (Check				
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending Accident Investigation		28b. TIME OF 28c. II	me 5 Residence 8 SURY AT PORK? 28 NO	d. DESCRIBE HOW IN	JURY OCCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home building, etc. (Specify)	, farm, street, factory, off	28 28	H. LOCATION (Street an City or Town, State)	nd Number or Rural	Route Number,	
D BE COMPLETED		To the best of my knowledge, death in the basic of examination end/or mive					e) end manner se stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON WHO CO	WILETED CAUSE OF DEATH (ITEM 2	My Man	29c. LICENSE NUMBE D / 397	7/	>6/a	4.70	
	Dr. Robert L. Kaufm	ann, M.D., 300	West Nint	Street, F	rederick,	Md. 21	701	
	31. DATE FILED (MODIF) No. 3 () 1993	32. ARGISTRAR'S SIGNATURE Julia Day doon-Ran	rdell					

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1	FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	RI	EG. NO.			
1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH		3. TIME OF OR	EATH
Mamie Heni	rietta Pati	ence Melv	in		July	1, 199	YEAR	5:15	P
		In yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF S	DOTA :	6. BIRTH	IPLACE (State or	
222-09-9466	□ M 2 対 F 74	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day	2, 1919	Mar	vland	
9e. FACILITY NAME (If not institution, give street	and number)	96	CITY, TOWN O	R LOCATION OF O			NTY OF O		
Maglerian Health Car	co Contor			iton					
Wesleyan Health Car	e center		Dei	ICOII		1 0	aroli	ne	
10a, STATE 10b, COUNTY		10c. CITY, TO	OWN OR LOCAT	ION				10d. INSIDE C	TY
Maryland Card	oline			Dento	n			LIMITS?	NO IX
10e. STREET AND NUMBER			101	ZIP CODE		10g. CI	IZEN OF V	VHAT COUNTRY	-
908 Market Street				21629		U	S.A.		
11. MARITAL STATUS 12.	WAS OECEOENT EVER II	U.S. ARMEO	13. WAS OEC	ENOENT OF HISPAI	NIC ORIGIN? (So	ecify Yee or No-	14 BACE	- American Is	odlen
	FORCES? 1 YES	2 XNO	If yes, spe	cify Cuben, Mexica	in, Puerto Rican,			- American In k, White, etc.	Autorit,
3 Wildowed 4 Divorced	IF TES, GIVE WAN ON DI	(IES	1 🗆 YES	2 NO Specif	y:		Callo	casian	
15. OECEOENT'S EOUCATIO	ON	16e. OECEOENT'S USU	IAL OCCUPATIO	N	16b, KING	OF BUSINESS/IN		astan	
(Specify only highest grade comp Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mos tired.)	at of working					
	one	Resta	urant/	Owner Operator	Fo	od/Rest	auran	nt	
17. FATHER'S NAME (First, Middle, Last)						, Maiden Surname)			
Thomas Haywa	ard Meeks					11a Rob	incor	,	
19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	ORESS (Street or	nd Number or Rural				1	
Arthur Melvin III				S.E.,				003	
20e. METHOD OF DISPOSITION	206	PLACE AND OATE OF O			OATE	20c. LOCATION -			
1 Suriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State cem	etery, crematory or other	place)			Frederi			_
21. SIGNATUM OF FUNERAL SERVICE LICENS	EE /	arratt's C		O AOORESS OF FA		riedeli	ca, I	<u>Jelawal</u>	
to 0 01.	b.		Moore	Funeral	Home,	P/A/	0	1	
& tearler	new	000	Drawe	B, Den	ton, Ma	ryland	2162	9 10	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		CONSEQUENCE OF):	wil com	acud	w T				
that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):							
resulting in death) LAST									
PART II. Other significent conditions co	atribution to death b	ut mat specialism to at			I .				
	and the deem of	·	ie underlying	ceuse given in		WAS AN AUTOPSY PERFORMEO? YES 2 700	246.	WERE AUTOPSY AWAILABLE PRIC COMPLETION O OF CEATH?	OR TO F CAUSE
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only one)				
	SPITAL: Inpatient 2 ER/Outp		HER:	5 - Residence		alb.)			
27. MANNER OF OEATH	26e. OATE OF INJURY	28b. TIME OF	28c. INJL	IRY AT		E HOW INJURY OF	CUREO		
1 Pending	(Month, Day, Year)	INJURY	M 1 Y	RK? ES 2 NO					
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home, farm, atree			281 LOCATION	(Street and Numbe	s or Rumi B	Inute Number	
4 Homicide 6 Could not be determined	building, etc. (Spec	Hy)	, , , , , , , , , , , , , , , , , , , ,		City or Tow	m, State)	or righter ri	iodio Nullibei,	
29e. CERTIFIER									
(Check only									
2 MEDICAL EXAMINER: Or	the beele of examination	end/or investigation, in	my opinion, de	ath occured at the	time, date end p	place, end due to t	he ceuse(s	) end menner ee	stated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DA	E SIGNEO	(Month, Day, Yea	ur)
J Had in	W.			03	2130	7	101	93	
30. NAME AND ADDRESS OF PERSON WHO CO	MPLETEO CAUSE OF OE	TH (ITEM 27) (Type, Prin	()			- /			
Con Jorane	UID	melvinos	ve O	eesh	M. MO	216	17	,	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN								
JUL 7'93	ruha Davidson	- Randall							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pell be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

1 - STATE REGISTRAR		STATE OF N		DEPART					MENTA	L HYGI REG.					
1. DECEDENT'S NAME (First	t, Middle, Last)									OF OEATI	Н			3. TIME DF DEATH	,
Na	than	ľ	<i>lontgome</i>	ry	S	r.			THOM		13	1	993	6:30	) A
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (in yrs. la		IF UNDER 1		IF UNDER		7 DATE	OF BURTH		T	S. BIRTH	PLACE (State or For	
219-62-9375		1 🕻 M 2 🗆 F	40	YRS.	IONTHS	DAYS	HOURS	MIN.	Maj	y 28	, 19	953	Country	elaware	
9e. FACILITY NAME (If not if		•			96: CITY,		R LOCATIO		HTA				NTY OF DE		
The Kent and	•	Anne's	Hospita	l, In¢		(	Chest	certo	own			Kε	ent		
RESIDENCE OF DEC	10b. COUNTY														
MD	Kei	n+		10c. CITY,										10d, INSIDE CITY LIMITS?	
100. STREET AND NUMBER		116		RO	ock l									1 X YES 2	10
5761 Juc		۸۷۰					ZIP CODE				- 1	-		HAT COUNTRY?	ı
11. MARITAL STATUS	iei ma i						1661						S.A.		
1 Never Merried 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	IMED ND	10	yee, spe	city Cuber	F HISPAN n, Mexican Specify	n, Puerto	N? (Specify Rican, etc.	y Yee or .)	No-	14. RACE Black, Specifi	- American India , White, etc. y: Black	١,
15, DEC	EDENT'S EDUCA	ATION omnieted)	16a. DE	CEDENT'S U	SUAL DC	CUPATIO	N		168	. KIND OF	BUSIN	ESS/IND	USTRY		$\neg$
Elementary/Secondery (I		College (1-4 or 5 +		Do NOT use	retired.)	inng mos	t or working	g							
11th			L.	aborer	1					Get	ty	011			
17. FATHER'S NAME (First, M						T				Middle, Mai		,			
		<u>uster Mo</u>								A. Fe					- 4
Laura One		ntaomery		5761											
204, METHOD OF DISPOSIT		regomery		AND DATE OF					-	Hall					
1 XBuriel 2 Crematic	on 3 🗆 Remov	ral from State	Aaron	matory or othe	relace	mot	A K V		7/10	9/93			City or Tov		
21. SIGNATURE OF FUNERA		NSEE	Maron	Cilape	22. N	AME ANI	D ADDRES	S OF FAC						1, MD	
► Qames	OF.	enkins			Jan	nes	A. P	erki	ins I	uner	al	Ser	vice	MD 0166	, l
23. PART I. Enter the d			causad the de	ath Do no	Lanter t	he mod	ROCK	Hd I	A A	/e.,	ROC	KH	all,	MD 2166	
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in daath)	aart fallure. Li	lst only one cau	se on each line	: :	20	7	F	-//	rel	Ri	C	ory arr	est,	Approximatintarval Ba Onset and	tween
		DUE TO	DR AS A CONSE	DUENCE DF):	1	4 /			7			~		177210	
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If any, leading to imme	dlata	DUE TO	OR AS A CONSE	OUENCE OF):	0		1	- /	01	- 2	2	-	-	0	
csuse. Entar UNDERLY CAUSE (Disesse or Inju		1 M	101	M	100	coe	rd	nat	9	uf	es	d	cor	3/07	20
that initiated events resulting in death) LAS	т 📗	OUE 10	OR AS A CONSE	DUENCE OF)	/			s	8	10			SECTION CONT	1	
	d.	Sev	ere	con	on	dry	71	Irl	en	N	5	00	20.	1039	30
PART II. Other significa	nt conditions	contributing to	death but not r	esulting in	the und	erlying	euse g	iven in I	Pari I.	34a. WAS	AN AUT	TOPSY	24b.	WERE AUTOPSY FIN	DINGS
							F 11/11/10/07		V	PER	FORME	07	-	AVAILABLE PRIOR TO COMPLETION OF CA	0
									-55	1 AES	2 5 1	,MO		OF DEATH?	
									-					1 YES 2 N	·
25. WAS CASE REFERRED TO	D MEDICAL					26. PLA	ACE OF DE	ATH /Che	soit nutly or	tel.					-
1 YES 2 B NO		HOSPITAL:	ER/Outpetlant 3		THER:		s Erfor	/	the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Pa						$\neg$
27. MANNEN OF DEATH		26s. DATE OF	NJURY	28b. TIME (	DF 2	the INJU	RY AT	sidence 1		CRIBE HO	ULMI WE	HY OCC	CUREO		-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pending Investigation	(Month, Dr	y: 'Moor)	INJUR	M	1 YE	ES 2	NO				(0) (0=0) (0			- 1
a C Substitu	Could not be	26s. PLACE OF	INJURY - At ho	me, ferm, str	et, factor	0.5	30 PATE		28f. LOC	ATION (Sty	ned and	Number	or Burel Br	oute Number	-
	determined	building,	ete. (Specify)						City	or Town, St	(mile)	en en en en en en en en en en en en en e		ALTERNATION IN	- 1
29e. CERTIFIER	LIEAING BRASICI	AN: To the heat of	en les annie des de						_	_	_	_			-
		AN: To the best of On the basis of ex													
296. SEGNATURE AND TITLE					, ор.					and place					100.
DOL- 10	IN	1 3/10	n	1	21	1	29c. LICE	MSE NUM	IBER		29	d. DATI	E SIGNED/	Month, Pay, Year)	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH OF	72000	rice)	1				-	'	7	///	4/93	
BEORGE	= M.	Whin	VEV	Re	nt	+	QU	EE		TEI	NI	アド	5	HOST	2
31. DATE FILED (Month, Day,	202	32. REGISTINA	SIGNATURE	1- Rand	00_			T	<i>E</i> >	1. 21	- / 6	, ~	-	1-11)	$\dashv$
JUL 1	6 '93	1	1000	1 14-											

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho	
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	-	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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20. NAME AND ADDRESS OF PERSO

32. REGISTRAR'S SIGNATURE

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93 22695 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Milton YEAR ohn Merrin 20-93 11:37 Km 4. SOCIAL SECURITY NUMBER 5. SEX DATE OF BIRTH (Month, Day, Year) 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 - F DAYS HOURS 2-18-05 019-05-3418 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Genera Westmonrster Carroll 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Carroll Maryland Reisterstown 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3421 Buttonwood Court 21136 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced White COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) 12 Accountant Penn. State Turnpike ORCE. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Merrin BE Anna Taylor notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Arleta Merrin 3421 Buttonwood Ct. Reisterstown, MD. 21136 pe 20a. METHOD OF DISPOSITION
1 □ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Metro Crematory of other piecel. 4 ☐ Donation 5 ☐ Other (Specify) 7-21-1993 Baltimore, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 11605 Reisterstown Rd. Owings Mills. MD. 21117 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or haert failure. List only one cause on sech line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition DUE TO (DR AS A CONSEDURICE OF): resulting in death) event, traumatic QUE DO (OR AS A CONSEDUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions. if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disesse or Injury Metabolic Acudosis other OUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST Pulmonum 6 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MINILABLE PRIOR TO Parkernsonism COMPLETION OF CAUSE 23 shows TO YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL item ; 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJUSTY OCCURED 1 Neturel 2 Acciden T YES 2 NO ΒY Accident 28s. PLACE OF INJURY -- At home, farm, street, to 29f. LOCATION (Street and Number or Plural Route Number, City or Year), Stein 5 Duloide 6 Could not be COMPLETED 4 Momicide CERTIFYING PHYSICIAN ne, date and place, and thus to the cause(s) and manner as statud 2 MEDYCAL EXAMINER 295. SIGNATURE AND TITLE OF CERTIFIE BE 29d. DATE SIGNED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within motions after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by find within 72 hours after death with the State Pent of Health and Mental Honines prior to busid, cremation, or removal	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF N			TMENT OF			ENTAL HYGIEN		3	22696
	1. DECEDENT'S NAME (First, Middle, Lest) Lillian	Nata1i		ſu11i			1	2. DATE OF DEATH	DAY	YEAR	9:10 pm
	4. SOCIAL SECURITY NUMBER 216-22-9365	5. SEX 1  M 2  F			IF UNDER 1 YEAR	8 HOURS	24 HRS. 7	Month, Day, Year)	94	8. BIRTHPI Country)	LACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give of Sykesville El		e Cent	cer	Syke	SVI11		Ή	e. coun	rrol	
DIRECTOR	MD Carroll			10c. CITY, TOWN OR LOCATION Sykesville						IOd. INSIDE CITY LIMITS?  YES 2 NO	
FUNERAL	7309 Second Ave.				101. ZIP CODE 21784				U	.S.1	
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES			NO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify if yes, specify Cuban, Maxican, Puarto Rican, etc.)  1 YES 273NO Specify:				Yes or No- 14. RACE - American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY Teaching										
	12 years 17. FATHER'S NAME (First, Middle, Last) Samuel J. Thor	nae	<u>IS</u>	choo	l Tead	16. MOTH		(First, Middle, Maiden	,		
TO BE	19a. INFORMANT'S NAME (Type/Print)					Katie V. Mason  ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
	Sterling A. Mullinix 10017 German Rd. Ellicott City, MD 21042  20a. METHOD OF DISPOSITION 1 DATE 20c. LOCATION - City or Town, State  20b. PLACE AND DATE OF DISPOSITION (Name of cametary, cremetory or other place)										n, Stata
	Howard Chapel Cem. 7/23 Long Corner  Howard Chapel Cem. 17/23 Long Corner  22. NAME AND ADDRESS OF FACILITY  Burrier-Queen Fun. Dir. 121  Liberty Rd. Winfield, MD 217							121	2 W.O1d		
CERTIFICATION										Interval Between Onset and Dasth	
MEDICAL	PART II. Other algnificent conditions contributing to deeth but not resu				in the underl	ying couse g	ilven in Pa	PERFORMED?  1 YES 2 NO OF DEATH?			WERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1									
TED BY	2				M 1 VES 2 NO  1, street, factory, office  281. LOCATION (Street and Number or Rural Route Num City or Town, State)			ute Number,			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER WAYN S M					29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year,		
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	31. DATE FILED (Month, Dev. Year)	32. REGISTRA	AR'S SIGNATURE	den-7	Andelse						

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		REGISTRAR		C	ERTIFIC	ATE C	F DEATH		REG. NO.			
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		David Gra	fton			C×		HTHOM	DA		YEAR	
		4. SOCIAL SECURITY NUMBER		Mag	rum			07		6 19		0 P. M
		4. SOCIAL SECONITY NOMBER		NGE (In yrs. la		ONTHE DAY		714 11 7	BIRTN ev. Year)		6. BIRTHPLACE (Sta Country)	te or Foreign
		579-07-4710	1 X M 2   F	83	YRS.	WING   DAI	S HOURS MIN.	Nov.	27.	1909	Washingt	on DC
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	DIRECTOR	10a, STATE 10b, COUNT			10c CITY	OWN OR LO	CATION					
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	۱ ≥	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ	EN OF WHAT COUN	TRY?
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	FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AI	RMED	13 WAS	DECENDENT OF HISE		analfu Van			
	_	1 Never Married 2 Married	FORCES? 1 Y	ES 2 X		If you	specify Cuban, Max	ican, Puerto Rica	n, etc.)	or No-	<ol> <li>RACE — America Black, White, atc</li> </ol>	in Indian,
	B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR O	PR DATES		10	ES 2 NO Spe	icify:			Specify:	
- 1	ا ہ	15. DECEDENT'S EDU	OATION	1							Whi	te
		(Specify only highest grade	completed)	(0	ECEDENT'S US	done during	ATION most of working	16b, KH	ND OF BUS	INESS/INDU	STRY	
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at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (First, Midd	lle. Maiden !	Sumame)		
<b>Tal</b> .	ш Ш	Albert F.	Magrum				Nina					
2	۱۱ B	19a, INFORMANT'S NAME (Type/Print)	ragi an						rper			
notified	임		_				et and Number or Run					
De n		Paul Grafton Magr			908 I	swich	Road, B	ethesda	, Ma	rylan	d 20814	
2		20a. METHOD OF DISPOSITION 1 Duriel 2 A Cremetion 3 Rem			AND DATE OF		(Name of	DATE	20c. LO	CATION CI	ity or Town, State	
must		4 Donation 5 Other (Specify)		Monta	ometory or other	plece)	torium	7/20/93	Reth	ahsar	Marulai	n d
5	- 1	ingregomery crematoriam, inc.   Beenesda, Marytand										
examiner	- 1	RÖDETT A. Pumphrey Funeral Home/										
		Darbarayori	Mullin	Jun	ence	Avei	iesda-che	esda. M	arvl	nc. and	755/ WIS	consin
3		23. PART I. Enter the diseases, or o	complications that cau	sed the de	eath. Do not	entar the	mode of dying a	uch as cardiac	Or respir	eton, erre	et   Ann	
medical		ahock, or heart failura.	List only one cause o	n aach line	ð.		mode of dying, at	oon as caraiac	or reapi	atory arre		roximata vai Between
9	- 1	IMMEDIATE CAUSE (Final disease or condition										
3		resulting in death) a. Drowny Compagny										
other traumatic event, the	- 1	DUE 30 YOU VE V CONSCIONALE OUT.										
9 :	z	a. Drowny Compagnition  a. Drowny Compagnition  DUE TO (OR AS A COMSEQUENCE OF):  Compagnition  DUE TO (OR AS A COMSEQUENCE OF):										
E :	CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
tra :	<u> </u>	cause. Enter UNDERLYING										
i i		CAUSE (Disease or injury that initiated events	DUE TO (OR A	AS A CONSE	OUENCE OF:							
5	₹	resulting in death) LAST	7.11								į.	
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		PART II. Other algorificant condition	a contributing to deat	h but not i	requiting in t	he underle	dan anuna alum 1	In Don't Lot			1	
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an an	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?  AMAILABLE F COMPLETION OF DEATH?									N OF CAUSE		
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or Item 23	2	EXAMINER?	HOSPITAL:			THER:	PLACE OF DEATN (	Check only one)				
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	PHYSIC	27. MANNER OF DEATN	28a. DATE OF INJUI (Month, Day, Yes	RY	28b. TIME O	F 28c.	NJURY AT	28d. DESCRI	BE NOW IN	JURY OCCU	RED	
		1 Natural 5 Pending	(Month, Day, 166	ar)	HUUH		WORK? YES 2 NO					
	6	2 Naccident Investigation	28a. PLACE OF INJ	IIRV — At he	To form other							
9 L	3	3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (3	Specify)	rive, tarrit, acre-	et, lactory, o	rica	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
m 28	i II											
IMPORTANT: It Item	۲	29a. CERTIFIER (Check only	CIAN: To the best ot my ke	nowledge, de	eth occurred a	t the time, d	eta and place, and di	ue to the causels	) and many	ner an atatad	ı.	
		298. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(a) and manner as stated.										
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POR P	III 206 SIBNATURE AND TITLE OF CONTURNS						29c. LICENSE N	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)				Year)
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= 1 '	- 10	1000	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)									
=   5	2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATN (ITE	M 27) (Type, Pri	nt)						73
=   }	- 10	30. NAME AND ADDRESS OF PERSON WHO	1 4	DEATN (ITE								
=   }	- 10	30. NAME AND ADDRESS OF PERSON WHO  YOU MAN ( 31. DATE FILED (Month, Day, 'bar)	COMPLETED CAUSE OF  LURGU  32 hearstraft's s	111	Penr		eet. Ba	altimo	re,	Mary	land 2	1201

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93 22698 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 1. DECEDENT'S NAME (Figst, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Mc CREAD 21 12 July 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE -19-14-4132 1 - M 2 XF HOURS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH TO BE COMPLETED BY FUNERAL DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10ь. СОЦИТУ 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY IMITS? 1 YES 2 NO rISF Ela 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 8 DOMERS OUE WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) -Aborer JOMESTIC 12 notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)
CAPOLINE MATS/14// THATER Err must be examiner 21 the medical 2 event, Iraumatic BY PHYSICIAN: MEDICAL CERTIFICATION 6 shows any 25. COMPLETED

19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDRESS	(Street and Number or Rujal i	Route Number, City	or Town, State, Zip De	(de), / O	
FAY MCCIER	dy 4	927, Wy	nnefield H	AUX A	T2-A P	4119131	
20e. METHON OF DISPOSITION  1 METHON OF DISPOSITION  1 Donation 5 Other (Specify)		AND DATE OF DISPOS	TION (Name of	7-18-23 L	C. LOCATION — CIN AWSBNI	· wn (	
21. SIGNATURE OF UNERAL SERVICE LICENS	EE	22	NAME AND ADDRESS OF FA		77050111	,,,,,,,,	
William Co.	leare 7.1	8) 31	4 Cour St.	Crist	Eld W.	nd, 21817	
	plications that caused the de only ona cause on each line	eath. Do not antar	the mode of dying, suc	h as cardiac or	raspiretory arrest	Approximata Interval Batween Onset and Death	
disease or condition resulting in death)							
	DUE TO (OR AS A CONSE	QUENCE OF):					
Sequantially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COMME	DUENCE OF):					
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):					
PART ii Other elgoiffcent conditions on	antellarities to death but and						
PART II. Other significent conditions co	ontributing to death but not	resulting in the un	derlying cause givan in	PE	RES 2 THO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
				-	(	1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	ack not one)			
	SPITAL:	DOA 4 Num			0		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
3 Suicide S Could not be datermined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ms, ferm, street, fact	ory, offica	28f. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,	
	: To the best of my knowledge, den					suse(s) and manner on stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	ARER	294 DATE C	IGNED (Month, Day, Year)	
Cuttle 7	- (m an)				1	12/03	
30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITE	M 27) (Type Print)	C. Selsbur	1,40			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE						
JUL 21 '93	whie Devidor-Rand	we		,			
0						DHMH-18 Rev 1/89	

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			.,,,,,,,	CE	RTIF	ICATE	OF	DEA	TH	MENIN	REG. NO	).			
1. DECEDENT'S NAME (First)			A/M	argu	erit	e Fow	ler	Nor	th	2. DATE	OF DEATH	AY	( YEAR	3. TIME OF DEA	VTH .
MARGUE			110	RTI	4						7 /	8	93	3:00	Д. М
4. SOCIAL SECURITY HUME		5. SEX	6. AGE		birthday)	IF UNDER 1	YEAR DAYS	IF UNDES	A 24 HRS.		OF BIRTH th, Day, Year)		8. BIRTH Count	HPLACE (State or F	oreign
216-44-354	9	1 🗌 M 2 🖫 F		80	YRS.					5	-7-1	3	Vi	rginia	
9a. FACILITY HAME (If not in	-					9b. CITY,						9c. CO	UNTY OF D	DEATH	-
Springbrook		tist Nu	csin	g Ho	me	Si	lve	r Sp	ring	5		Mor	ntgom	ery	
10a. STATE	10b. COUNTY				10c. CIT	Y, TOWN OF	LOCAT	TION			_	-		10d. INSIDE CIT	Y
MD	Montgo	mery			Sil	ver S	pri	ng						LIMITS?	l NO
10e. STREET AND NUMBER				-				. ZIP COD	E			10g. CI	TIZEN OF Y	WHAT COUNTRY?	-
12325 New 1	Hampshi	re Ave						20	904				USA		
11. MARITAL STATUS	PC2 4 13	12. WAS DECEDENT FORCES? 1	EVER II	U.S. ARI	MED						N? (Specify Ye	s or No—	14. RACI	E — American Ind k, White, etc.	llen,
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W				ı "	YES	2 NO	Specif	y:	Rican, etc.)		Spec		
	EDENT'S EDUCA	ATION		10- DE	COCUTIO	USUAL OC								white	
(Specify only Elementary/Secondary (0	y highest grade c	ompleted) College (1-4 or 5+		(G/	ve kind of v Do NOT us	vork done di	ring mo	st of world	ng	160	b. KIND OF BU	SINESS/IN	IDUSTRY		
12	F-12)	College (1-4 or 5+	,	Ac	coun	tant					SA (II	S. (	lover	nment)	
17. FATHER'S HAME (First, M	liddle, Last)							18. MOT	HER'S HA		Middle, Malder				
Walter P. 1	Fowler							M	iary	E. J	effri	28			
19a. IHFORMANT'S NAME (7	ypa/Print)			19b	MAILING	ADDRESS	(Street a	nd Numbe	r or Rural	Route Num	ober, City or Tov	rn, State, Z	(ip Code)		
Walter P.				37	47 C	arris	a L	n, 0	1ney	MI e	2083	2			
20a. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremation	ION on 3 🗆 Remov	ral from State			ND DATE (	OF DISPOSIT	ION (Na	me of		DAT			- City or To	.,	
4 Donation 5 Other		- Control - Control		Rock	Cre	<u>ek C</u> e			0	07/20	/93	Wash	ningt	on, DC	
21. SIGNATURE OF FUNERAL	L SERVICE GOL	- 10m												uneral	
Norws (	71.0	Frans	-	3										Spring,	MD
3. Publy I. Enter the ell	iseases, or co	emplications that lst only one cou	coused	the de	nth. Do n	ot enter t	he mo	de of dy	ing, suc	h as car	diac or resp	iratory a	rreat,	Approxin	
IMMEDIATE CAUSE (Fin	ad.	11				/	\		/					Onset an	
disease or condition	<b>→</b>	Adva	746	20	Se.	ile	$\triangle$	eme	atio	4.					
1		DUE TO	OR AS A	CONSEC	UEHCE DE	T): /	11	,	/	1		1.	/_		
Sequentielly list conditi	lons, b.	DUE TO	DRAS A	COHSE	- e-e	519	V	asc	· 1/4.	1	ccia	(en)	-5.		
If any, leading to immed cause. Enter UNDERLY	dlate ING	A X-	-01	L	- 2	://	15	-0-0-						İ	
CAUSE (Disease or inju that initiated events	iry C				UENCE OF		/ / (								
resulting in death) LAS	T d.														
PART II. Other aignifica	nt conditions	contribution to	do ath h				S								
	emia		oeath D	ut not n	suiting i	n the und	eriying	g ceuse	given in	Part I.	24a, WAS AP PERFO		24b	. WERE AUTOPSY I	OT F
		PY His			1	1				-	1 TYES	NO 🗆		COMPLETION OF OF DEATH?	CAUSE
	a LP	1 Hit	> /	-/9	ctc	1-0	-							1   YES 2	NO
25. WAS CASE REFERRED TO	O MEDICAL						26 DI	ACE OF D	FATH MA	eck only o	nel .				
EXAMINER?		HOSPITAL:	ER/Outn	ationt 3	DOA	OTHER:									
27. MAHNER OF DEATH		28e. DATE DF	INJURY		26b. TIM	E OF	Bc. IHJ	URY AT	aruenice		SCRIBE HOW	INJURY O	CCURED		-
	Pending Investigation	(Month, Da	iy, 16ar)		INJ	URY M		RK? (ES 2	] NO						
3 Sulcide 6	Could not be	28e. PLACE Of building,	HJURY	— At hor	ne, ferm, s	treet, factor	y, office	•			CATION (Street		or Rural F	Ploute Number,	
4  Homicide	determined			,						City	or Town, State				
29a. CERTIFIER 1 CERT	IFYING PHYSICI	AN: To the best of	my know	ledge, der	rth occum	d at the tim	ne, date	and place	, and due	to the ca	use(a) and me	nner as st	sted.		
		On the basis of ex												a) and manner as	stated.
296. BIGNATURE AND TOPLE	OF SERTIFIER	- 1	1					29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)	
Alw	1-	tif						D	310	20	1	•	7/10	2/92	
30. HAME AHD ADDRESS OF	PERSON WHD	COMPLETER CAUS	E OF DE	ATH (ITEM	1 27) (Type,	Print)									
Stuart J.			00 G	reen	way	Cente	r D	T 9 #	430,	Gre	enbel:	, MI	207	70	
31. DATE FILED (Month, Day,	1 1993	32. PEGISTRA	S SIGN	ATURE	indo 00										
1 JUL 6	± 1993	The same	-wido	A 10	· lamen	_									

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4.17

	THE OFFICE OF THE OFFI				OLITTI	IUATI	_ 01	DEA	111	H	IEG. NO			
	1. DECEDENT'S NAME (First,									2. DATE OF MONTH	D		YEAR	3. TIME OF DEATH
	Anthony Nat		5. SEX	L		1				July		<u> 1993</u>		GOLD M
l (	577-07-1988		5. SEX 1		rs. lest birthdey) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF 1 (Month, Da	ly, Year)	1000	Count	IPLACE (State or Foreign ry)
	9a. FACILITY NAME (If not ins			84		9h CIT	/ TOWN /	OR LOCATI	ON OF DE	March	25,		Sic	
5	3172 Adder1							Spri		.XIII				
DIRECTOR	RESIDENCE OF DEC	EDENT							ng			Mon	tgom	ery
R	10a. STATE	10b. COUNTY	-		440	ry, town								10d. INSIDE CITY LIMITS?
	Maryland  100. STREET AND NUMBER	Mont	gomery	·	Si	<u>lver</u>	$\rightarrow$							1 TES 2 NO
BY FUNERAL	A-1						-	. ZIP COD	-					WHAT COUNTRY?
N.	3172 Adder1	y Cou	rt 12. WAS DECEDEN			Tour		2090	_				S.A.	
5	1 Never Married 2 I	Married	FORCES? 1	YES 2	NO ⊠NO	- 1	If yes, sp	ecity Cubi	n, Mexica	IIC ORIGIN? (S n, Puerto Rica	pecify Yes n, etc.)	or No—	14. RACI Blaci	E — American Indian, k, White, etc.
	3 Widowed 4 Divon	ced	IF YES, GIVE V	MARI OR DATE:	S		1 TYES	2 📝 NO	Specify	r.			Spec	white
COMPLETED	15. DECE (Specify paly	DENT'S EDUC	CATION COMPleted	16	a. DECEDENT'S					16b. KIN	ID OF BUS	SINESS/INI	DUSTRY	WIIICC
	Elementary/Secondary (0-		College (1-4 or 5	+)	(Give kind of life. Do NOT a	retired.)	ouring me	St of World	ng					
MP	6				Sales					Fo	xha1	1 C1	eane	rs
	17. FATHER'S NAME (First, Mic							18. MOT	HER'S NAI	ME (First, Middl	le, Maiden	Sumeme)		
BE	Negola Nato		_	_						a Cice				
유	Nicholas A.		1 -							Route Number, (				
	20a. METHOD OF DISPOSITIO	N N		20h PI	ACE AND DATE		_		ane,	Olney		CATION -		014
	1 St Burlel 2 Cremation 4 Donation 5 Dother		oval from State	comotor	e of H	other place			rv 7	1			-	
	21. SIGNATURE OF FUNERAL	SERVICE ME	ENSEE	1355	02 1	22.	NAME A	ID ADDRE	SS OF FAC	De ville	Vo1	Fune	ral 1	Home
	• >	5 (	12		10 East Deer Park Driv Gaithersburg, MD 2087						е			
	23. PART i. Enter the dis	eases, or c	complications the	t ceused th	e death. Do	not enter	the mo	de of dy	ing, suct	n sa cerdiac	or respi	ratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Fine		- 100 4175	490000-11000	110000									Onset and Death
	disease or condition resulting in death)	<b>&gt;</b>	ā <u>.</u> _		ARDIO	RE	5/1/	245	oRY	FAIL	VR	E		
		-20	DUE TO	(OR AS A CO	CAPEDIO INSEQUENCE O CAPTER	OF):		a			1			
CERTIFICATION	Sequentially list condition if any, leading to immed	ons,	DUE TO	(OR AS A CO	HSEOUENCE C	1050 NF):	LER	10910	- 1/2	- BEI	215	2793	6	
CAT	cause. Enter UNDERLYIN CAUSE (Disease or injur	IG	C											
E	that initiated events resulting in death) LAST		DUE TO	(OR AS A CO	NSEQUENCE C	HF):					_			
ER	resulting in death) LAST		d											
	PART II. Other significan	t condition	s contributing to	deeth but r	not resulting	in the ur	nderlyin	g cause	given in I	Part i. 24s	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL										1.5	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
E E										_   ''	_ 169 2	QQ NO		OF DEATH?  1 YES 2 NO
										_				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	Massimi					ACE OF D	EATH (Che	ock only one)				
/Sic	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	4 Nur		e 5 1 Re	sidence	6 Other (Sp	ecify)			
H	27. MANNER OF DEATH		26a. DATE OF (Month, D	NJURY Day, Year)	26b. TII	AE OF JURY	28c, INJ WO	URY AT		28d. DESCRI	BE HOW II	NJURY OC	CUREO	
B	1 Natural 5 P	enging vestigation				M		rES 2	NO .					
		ould not be	28e. PLACE O building,	etc. (Specify)	At home, farm,	street, fact	tory, offic	•		281. LOCATIO City or To	N (Street a wn, State)	and Number	or Rural I	Route Number,
COMPLET	29a, CERTIFIER		A description of the second	/ 100 100								_		
MP			CIAN: To the bast of											s) and manner as stated.
	29b. SIGNATURE AND TITLE (				aror investigati	ori, ar my c	aprimon, o				place, an			
H	290. SIGNATURE AND TITLE	CENTIFIEN	1	1				29c. LICI	ENSE NUM	18ER				(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO		SE OF DEATH	(ITEM 27) (Ton	. Print)		0	057	7/		,	July	23, 1993
- 1							71	1 D1.	1	041		•		
										MIN	20006			
	Robert L. K 31. DATE FILED (Month, Day, W	ear)	A Paz nadistra	M. COSC	. Leis	ure	WOLT	a BT.	va.,	Silve	r Sp	ring	<b>,</b> MD	20906

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEF CERT	PARTMENT OF HEALTH AND TIFICATE OF DEATH	MENTAL HYGIENE	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	MILDRED	BOZMAN	NICHULS	JULY24,195	3 OZZJ M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest birtho			8. BIRTHPLACE (State or Foreign
	214-10-9341	1 □ M 2 ØF 86 YR	IS. MONTHS DAYS HOURS MIN.	07-08-1907	Marvland
_	9a. FACILITY NAME (If not institution, give a	treet and number)	9b. CITY, TOWN OR LOCATION OF E	DEATH 9c. COUNT	TY OF DEATH
DIRECTOR	PENINSULA REGIO	NAL MEDICAL CENTER	SALISBURY	W	ICOMICO
Ä	10a. STATE 10b. COUNT	Y 10c.	CITY, TOWN OR LOCATION		10d. INSIDE CITY
	Marvland So	merset	Princess Anne		1   YES 2   NO
\A	10e. STREET AND NUMBER		10f. ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	Edge Hi	ll Terrace	21853		U.S.
5	11. MARITAL STATUS  1 Neger Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPA If year, specify Cuban, Maxic	NIC ORIGIN? (Specify Yes or No.—	14. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TES 2 NO Spec		Specify:
	15. DECEDENT'S EDU	CATION 16a DECEDE	NT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	White
ETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) (Give kind	d of work done during most of working OT use retired.)	TOUR KIND OF BUSINESS/INDU	SIM
립			JSEWIFE		
COMPL	17. FATHER'S NAME (First, Middle, Lest)			AME (First, Middle, Maiden Sumame)	
BE (	George Wesl	ev Bozman	Jenny	Shores	
10 E	19a. INFORMANT'S NAME (Type/Print)		LING ADDRESS (Street and Number or Rura	Route Number, City or Town, State, Zip (	Code)
-	Mr. B. Ralph N	ichols 366	37 Gardendale D	r Eden Md.	21822
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Rem	coval from Stata 20b. PLACE AND DA	ATE OF DISPOSITION (Name of	OATE 20c. LOCATION - C	ity or Town, State
	4 Donation 5 Other (Specify)	Oriole	e Cemeterv	7/26 Oriole.	Maryland
	THE BURNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAME AND ADDRESS OF F		
	Jones 2 M	M00295	Princess A	nne Md 2185	53
	21. PAPT . Enter the diseases, or shock, or heart fallure.	complications that caused the death. I	Do not antar the mode of dying, su	ch as cardiac or respiratory arre	at, Approximate
	IMMEDIATE CAUSE (Final	and any one dead on each mile.			Interval Between Onset and Daath
	disease or condition resulting in death)	- Shock			
		DUE TO (OR AS A CONSEQUENC	E OF):		
NO N	Sequantially list conditions,	DUE TO IOR AS ACONSEQUENCE	eur	20.00	
¥.	If any, leading to immadiate cause. Enter UNDERLYING	want	2400	1. Times	
띮	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENC	E OP).	tion	
CERTIFICATION	resulting in daeth) LAST	Rowel	obstru	tion	
	PART II Other significant condition	a contributing to death but not resulti			
CAL			ng in the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	- Gep			1   YES 2   NO	OF DEATH?
Σ					1   YES 2   NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DO	OTHER:		
Η̈́	27. MANNER OF DEATH	28a. OATE OF INJURY 28b.	TIME OF 28c, INJURY AT	6 ☐ Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCU	IRED
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	M 1 YES 2 NO		
	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY — At home, far	rm, street, fectory, office	281, LOCATION (Street and Number of	r Rural Route Number,
TEI	4 Homicide determined	building, etc. (Specify)		City or Town, State)	
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the beat of my knowledge, death occ	curred at the time, data and place, and du	e to the cause(a) and manner as states	1.
OMI		R: On the besis of examination and/or investig			
ECC	296. SIGNATURE AND TITLE OF CERTIFIES		29c. LICENSE NU		SIGNEO (Month, Day, Year)
∞	To.	1,6	7727	170	11-7/1-
21	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEATH (ITEM 27)	Type, Print)	PI	12011
	W. C. M. Er	angelista	Falishir	w willy	51510
1	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE	0	0	8-1

DHMH-16 Rev 1/89

	SINIE UF MANTI				HEALTH AND		YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	· ·					2. DATE OF D			3. TIME OF DEATH
Betty Lou Nutter						MONTH	15	Q3	8:25P.M
4. SOCIAL SECURITY NUMBER S	. SEX 6. AGE	(In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIRTH	IPLACE (State or Foreign
236-52-4993 1  9a. FACILITY NAME (If not institution, give stree	□ M 2 🔀 F	58	YRS.	HTHS DAYS	HOURS MIN.	March	31,19	35 Mari	rance, W VA
2170 Theodore Roa	,		96		OR LOCATION OF DI	EATH	90	COUNTY OF D	EATH
RESIDENCE OF DECEDENT	.a			Kisin	g Sun			Cecil	
10a. STATE 10b. COUNTY			10c. CITY, To	OWN OR LOCA	TION		<del>-</del>		10d. INSIDE CITY
Maryland Ceci	1		R	ising					LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 2170 Theodore Roa	d			10	H. ZIP CODE 2191	1	10	g. CITIZEN OF V U.S.	WHAT COUNTRY? Δ
	2. WAS DECEDENT EVER	IN U.S. ARA	4FD	13 WAS DE	CENDENT OF HISPAI		acify Yea or h		— American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XN		If yes, a	Decity Cuban, Mexica 2 NO Specifi	n, Puerto Rican		Black	t, White, etc.
15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION	16a, DEC	EDENT'S USI	JAL OCCUPATI	ON	18b. KINI	OF BUSINES	SS/INDUSTRY	WIIICE
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use re	,	ost of working				
10 17. FATHER'S NAME (First, Middle, Last)	N/A	<u> </u>	Homem	aker			Home		
Hobart D. Patters	on				Trudi	ME (First, Middle e F. Pa			
19a. INFORMANT'S NAME (Type/Print)		19b	MAILING AD	DRESS (Street	and Number or Rural	Route Number, C	ty or Town, St	nte, Zip Code)	
Frank T. Nutter,	Sr.	21	70 Th	eodore	Road R	ising S	Un, M	D 2191	.1
20a. METHOD OF DISPOSITION  13© Burlal 2 © Cremation 3 © Remova  4 © Donation 6 © Other (Specify)			ND DATE OF D	DISPOSITION (N	ame of	7 / 1 Q		ON — City or To	wn, State
21. SIGNATURE OF THE PAY SERVICE LICEN					ND ADDRESS OF FA		Dire	011, 1110	
· lilole y 1	1/1006				h Funera		. 1	. 300	01001
23. PART I. Enter the diseases, pr con	npilications that cause	d tha dea	nth. Do not		. Main S			-	21901
shock, or heart failure. Lis	t only one cause on	each lina.			. 7.00		7.7-1.7-11.2	Transa.	interval Between Onset and Death
disease or condition	Rra:	al.		1					
resulting in death) s	DUE TO (OR AS	A CONSEQ	YENCE OF:	C C	avcin	oma			4 mg
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQ	UENCE OF):						-
cause. Enter UNDERLYING CAUSE (Disease or Injury									
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEO	UENCE OF):						
DART II Other significant conditions									
PART II. Other significant conditions of	contributing to death	but not re	suiting in t	he underlyin	g cause given in		WAS AN AUTO	17	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significant conditions of	contributing to death	but not re	suiting in t	he underlyin	g cause given in			17	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions of	contributing to death	but not re	suiting in t	he underlyin	g cause given in		PERFORMED	17	AMAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL		but not re	suiting in t		g cause given in	1	PERFORMED	17	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death	-13	O'		LACE OF DEATH (Ch	1	PERFORMED	17	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 1 NO 1  27. MANNER OF DEATH	OSPITAL:	-13	0	28. P THER:  Nursing Hor	LACE OF DEATH (Ch	1 [	PERFORMED  VES 2   I	n NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	OSPITAL:   Inpatient 2   ER/Out   28a. DATE OF INJURY (Month, Day, Year)	petient 3	DOA OT 4 [ 28b. TIME OF INJURY	26. P THER: Nursing Hor W M 1	LACE OF DEATH (Ch.  Residence SURY AT SHK? YES 2 \[ \] NO	eck only one)  6  Other (Spe	PERFORMED  VES 2   I	n NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending	IOSPITAL:	petient 3	DOA OT 4 [ 28b. TIME OF INJURY	26. P THER: Nursing Hor W M 1	LACE OF DEATH (Ch.  Residence SURY AT SHK? YES 2 \[ \] NO	sck only one)  8 Other (Spi 28d, DESCRIB	PERFORMED  YES 2   I	n NO	AMMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Notural 5 Pending 1 Notural Investigation 3 Suicide 6 Could not be determined	OSPITAL:   Inpatient 2   ER/Out   28a. DATE OF INJURY (Month, Day, Year)   28a. PLACE OF INJUR building, etc. (Spe	patient 3	DOA 4 [28b. TIME OF INJURY Pre, farm, street	26. PTHER: Nursing Hon F 28c. IN. W 1   R, factory, office	LACE OF DEATH (Ch Residence JURY AT JURY 2 YES 2 NO	eck only one)  8 Other (Spa  28d, DESCRIB  28t. LOCATION City or Tow	PERFORMED  YES 2 1  I  I  I  I  I  I  I  I  I  I  I  I  I	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Notural 5 Pending 1 Notural Investigation 3 Suicide 6 Could not be determined	OSPITAL:   Inpatient 2   ER/Out   28a. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJUR building, etc. (Spe	patient 3  Y — At honcify)	DOA 4 28b. TIME 00 INJURY	26. P THER: Nursing Hon F 28c. IN. M 1   vit, factory, office	LACE OF DEATH (Ch. Residence FURY AT PIK? YES 2 NO	eck only one)  8 Other (Spe 28d, DESCRIB  28t. LOCATION City or Tow	PERFORMED  YES 2 1  I  I  I  I  I  I  I  I  I  I  I  I  I	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Notural 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSICIA	OSPITAL:   Inpatient 2   ER/Out   28a. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJUR building, etc. (Spe	patient 3  Y — At honcify)	DOA 4 28b. TIME 00 INJURY	26. P THER: Nursing Hon F 28c. IN. M 1   vit, factory, office	LACE OF DEATH (Ch. Residence FURY AT PIK? YES 2 NO	sck only one)  6 Other (Spe 28d, DESCRIB  28t. LOCATION City or Tou to the cause(a) time, data and	PERFORMED  YES 2 1  I  I  I  I  I  I  I  I  I  I  I  I  I	NO OCCURED  Number or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  Noute Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	OSPITAL:   Inpatient 2   ER/Out   28a. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJUR building, etc. (Spe	patient 3  Y — At honcify)	DOA 4 28b. TIME 00 INJURY	26. P THER: Nursing Hon F 28c. IN. M 1   vit, factory, office	LACE OF DEATH (Ch	sck only one)  6 Other (Spe 28d, DESCRIB  28t. LOCATION City or Tou to the cause(a) time, data and	PERFORMED  YES 2 1  I  I  I  I  I  I  I  I  I  I  I  I  I	NO OCCURED  Number or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO C	OSPITAL:   Inpatient 2   ER/Out   28a. DATE OF INJURY   (Month, Day, Year)   28e. PLACE OF INJURY   building, etc. (Spe	patient 3  Y — At hon  viedge, dea  on and/or in	DOA 4 [28b. TIME OF INJURY one, farm, streeth occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the	26. P THER: Nursing Hon F 28c. IN. M 1   ot, factory, office t the time, date n my opinion, o	LACE OF DEATH (Ch.  Residence JURY AT  JURY  YES 2 NO  Residence  and place, and due death occurred at the  29c. LICENSE NUI  015314	sck only one)  6 Other (Spa  28d, DESCRIB  28t. LOCATION City or Tou  to the cause(s) time, data and	PERFORMED  YES 2 1  I (Street and h. (Street and h. State)  and menner is place, and due	NO OCCURED  Jumber or Rural F  as stated.  to the cause(s)  A. DATE SIGNED	AMMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	OSPITAL: Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3  Y — At hon  viedge, dea  on and/or in	DOA 4 [28b. TIME OF INJURY one, farm, streeth occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the	26. P THER: Nursing Hon F 28c. IN. M 1   ot, factory, office t the time, date n my opinion, o	LACE OF DEATH (Ch.  Residence JURY AT  JURY  YES 2 NO  Residence  and place, and due death occurred at the  29c. LICENSE NUI  015314	sck only one)  6 Other (Spa  28d, DESCRIB  28t. LOCATION City or Tou  to the cause(s) time, data and	PERFORMED  YES 2 1  I (Street and h. (Street and h. State)  and menner is place, and due	NO OCCURED  Jumber or Rural F  as stated.  to the cause(s)  A. DATE SIGNED	AMMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH'S OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

1. DECEDENT'S NAME (First, Mid										OF DEATH		WELL	3. TIME OF DEATH	
RACHEL	E	ELIZ	ABETH	H 1	NORM	IAN			0.7	06	1993	YEAR	10:50 P	
4. SOCIAL SECURITY NUMBER	5. SEX	6	. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE	DE BIRTH		8. BIRTH	LACE (State or Foreign	
217-90-8572	1 🗆 M 2	XXF	16	YRS.	MONTHS	DAYS	HOURS	MIN.	4-1	Day, Year)	77 9	Seou	il, Korea	
Ba. FACILITY NAME (If not inetitu	tion, give atreet and num	mber)			9b. CITY	, TOWN OF	R LOCATIO	N OF DE			9c. COUNT			
MARYLAND R	TE#50				Eas	ston	1				TALE	BOT		
RESIDENCE OF DECED	ENT													
and the same and the	b. COUNTY					OR LOCATE	ON					10d. INSIDE CITY		
Maryland	Talbot			Ea	sto	n							1   YES 24 NO	
100. STREET AND NUMBER 9445 Bantry	Lane					101.	216					EN OF W	HAT COUNTRY?	
11. MARITAL STATUS	12. WAS D	ECEDENT I	EVER IN U.S.	ARMED	13.	WAS DECE	NDENT OF	F HISPANI	C ORIGIN	? (Specify Ye	s or No-	14. RACE	- American Indian.	
1 Never Married 2 Mar	IF YES	FORCES? 1 YES 2 NO If yes, F YES, GIVE WAR OR DATES					city Cuber 2X NO	Snective	, Puerto F	lican, atc.)		Black, Specifi	White, atc.	
3 Widowed 4 Divorced								ороспу				K	orean	
	NT'S EDUCATION thest grade completed)			DECEDENT'S					16b.	KIND OF BU	SINESS/INDU	STRY		
Elementary/Secondary (0-12)		1-4 or 5+)		Ilfe. Do NOT us	se retired.)	carny mos	cor working							
10				stude	ent									
17. FATHER'S NAME (First, Middle	Last)						18. MOTH	ER'S NAM	AE (First, A	tiddle, Meider	Surname)			
James L. Wo							N	anc	y No	orman				
19a. INFORMANT'S NAME (Type/											vn, State, Zip (			
Nancy Norm	an-VanS	chai	.k	9445	Ba	ntry	/ La	ne,	Eas	ston,	MD 2	2160	01	
20. METHOD OF DISPOSITION		_	20b. PLAC				ne ol		OATI	20c. L0	OCATION — C	ity or Tov	vn, State	
12 Denetion 5 ☐ Other (Spi		20b. PLACE AND DATE OF DISPOSITION cemetery, crematory or other place) Oxford Cemete:										rd, MD		
a monation o monat lab	ocify)						7	7.	- I O	() ¥	Tord	_ MI	)	
21. SIGNATURE OF FUNERAL SE					'eme	tery							)	
					eme 22.	tery Name and Newn	ADDRES	s of fac	era.	Hon	e, P	.A.		
21. SIGNATURE OF FUNERAL SI	ERVICE LICENSEE	one that	Oxfo	ord C	eme 22.	tery Newr 200	S.	Fun Har	eral	l Hom	e, P	.A.	On , MD Approximeta	
21. SIGNATURE OF FUNERAL SE	Sea, or complication that the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	ona that cons couse	Oxfo	ord C	22. not enter	tery Newr 200	S.	Fun Har	eral	l Hom	e, P	.A.	on, MD	
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AUT  Or Rural Re  ALBO  d.  couse(e)  SIGNED	Approximeta Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Ons	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Thours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to fill fill within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)
JUL 0 8 1993



199 P. 1993

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-702 8/19/93 t.t

22704 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN 3 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR WAYMAN CARTER NICKELSON 09 93 07 7:07 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 3 0/3 LUMBER BRIDGE N.C 141 34 9099 1 M 2 | F 51 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5 SULTAN AVE DIRECTOR CAPITAL HEIGHTS PRINCE GEORGES RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY PRINCE GEORGES CAPITOL HEIGHTS MD 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? #5 20743 UNITED STATES use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 V YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ĮQ. Elementary/Secondary (0-12) College (1-4 or 5+) 12 MILITARY (RETIRED) FEDERAL GOVERNMENT detached once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) retained by the 8 CHARLES GRANT LELIA MOORE BE notified funeral director, page 5 should 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LELIA MOORE #5 SULTAN AVE CAPITOL HEIGHTS MD 20743 2 99 20s. METHOD OF DISPOSITION
1 □ Burtal 2 □ Cremation 3 ☑ Removal from State Раде 6 тау 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must TRICE FUNERAL HOME FQUAY NORTH CAROLINA 4 Donation 8 Other (Specify) 21. BIGNATURE OF FUNCTIAL-BERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY filled in by the funeral ion, or removal. POPE FUNERAL HOME SE WASH DC 20020 ALEXANDER 2617 PA A M859 medical 23. PART i. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or heart failure. List only one cause or intervai Betwe IMMEDIATE CAUSE (Final **Onset and Death** n and completely filled to burial, cremation, 等 disease or condition . NARCOTIC AND ALCOHOL INTOXICATION resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if the death certificate be ext by the attending physician at ind Mental Hygiene prior to 2 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by t Health and AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO Shows 1 YES 2 NO t, of h PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The I DIRECTOR: After this certificate ha hours after death with the State Dr 26. PLACE OF DEATH (Check only one) certificate In the State EXAMINER? OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY FORMORTH, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 5:15 PM 1 YES 2 NO 7-9-93 BY UNKNOWN 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 5 SULTAN AVENUE, CAPITOL 3 Suicide 60 ETED 8 K Could not be 4 Homicide 28 FOUND: HOME Hem 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. E FUNERAL D d within 72 h TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: If 25 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 1201

O.C.M.E.

111 Penn Street, Baltimore, Maryland

5

31. DATE FILED (MG

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Funda Davidson-Randale

No

21201

7-10-1993

93 22704

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIT	TO THE FUNER be filed within	IMPORTANT:

9

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMENT ICATE	OF HE	ALTH DEAT	AND MI	ENTAL HYGIEN REG. NO		3	22705
	1. DECEDENT'S NAME (First, Middle, Last)							2	DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	_GAIRJ			N.	ITSCH	E			07 21		3	4:25 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER 1		IF UNDER 2		Month, Day, Year)		6. BIRTHE	LACE (State or Foreign
	214-66-4920	1 M 2 - F	37	YRS.	MONTHS	DAYS	HOURS	MIN.	5-20-56		Country IIIIi	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, 1	TOWN OF	LOCATIO	N OF DEAT			TY OF DE	
DIRECTOR	NORTH ARUNDEL HOS	SPITAL AS	SSOCIATI	ON	GL.	EN E	BURNT	E		A	.A.	COUNTY
RE	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON			_		10d. INSIDE CITY LIMITS?
	MDE ANNE	ARUNDEI	,	5	SEVERI	VA P	ARK					1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER						ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
E	104 HOLLAND RD					1 2	1146			USA		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED	13. W	AS DECE	NDENT OF	HISPANIC	ORIGIN? (Specify Yes		14. RACE	- American Indian,
	1 Never Married 2 Married	IF YES, GIVE V	YES 2 1	NO	H.	yes, spec	Ify Cuban.	, Maxican, I Specify:	Puerto Rican, atc.)		Black, Specify	White, atc.
ВУ	3 Widowed 4 Divorced	1974	- 1978				A	opeany.			Specify	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCC	UPATION	-1		16b, KIND OF BUS	SINESS/IND	USTRY	MILLE
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	- Illia	Do NOT us	e retired.)	ring most	ar wonung	1				
4			NO	NE					NONE			
ō	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAME	(First, Middle, Meiden	Sumame)		
	RICHARD E. N	ITSCHE ,	SR.				MAR		KARLA		CONT	
H	19a, INFORMANT'S NAME (Type/Print)	TIOCHI /		b. MAILING	ADDRESS (	Street and			ite Number, City or Tow			
임	KARLA McCOY								sadena, 1			
	20a. METHOD OF DISPOSITION		20b. PLACE					u. Pa		CATION — C		-
	1 N Burlel 2 Cremetion 3 Remo	rval from State	cemetery, cre	metory or of	ther place)							
	21. SIGNATURE OF AMERIAL SERVICE LIC	FNSEE	- I Arlıı	ngtor	Nati			M.	7/26 ARL:	INGTO	N, VZ	A
	· (O)	3	1 111-						49			E HWY. RK MD 21146
	23. PART Entar the diseases, or c	omplications tha	t caused the de	ath. Do n								Approximata
	shock, or heart failure. [	let only one cau	ise on each line									Interval Between
- 1	disease or condition	AM	E lie	=00	7. 1	Ga	2.4. [	ME	•			Onset and Death
	resulting in death)	DHELTO	(OR AS A CONSE	DIJENCE OF	110	11/1	160	CYLE				
_	_	Ac	DATIO	n e	,							
Ó	Sequentially list conditions,	DUE TO	(OR AS A CONSEC	DUENCE OF	n:							-
AT	If any, leeding to immediate cause. Enter UNDERLYING				,							
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	n:							<del>-</del>
E	resulting in deeth) LAST											İ
E												<u> </u>
- 1	PART II. Other eignificant conditions	contributing to	death but not r	eeulting i	n the und	erlying	cause gi	ven in Pa	rt i. 24m, WAS AN		24b. 1	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	COALLUCAT!	HY							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ 1 □ YES 2	□ NO	- 1	OF DEATH?
≥									-			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL											
□ □	EXAMINER?	HOSPITAL:			OTHER:	28. PLA	CE OF DE	ATH (Check	only one)			
ΥS	1 YES 2 NO	1 Inpatient 2		□ DOA		g Home	5 🗆 Resi	idence 8 (	Other (Specify)			
표	27, MANNER OF OEATH  1 Netural 5 Pending	28a. DATE OF (Month, D		28b. TIMI	E OF 2	Sc. INJUR	RY AT	21	d. DESCRIBE HOW I	NJURY OCC	UREO	
B	2 Accident Investigation				М	1 YE	\$ 2 [	NO				
	3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm, s	treet, factor	y, office		28	M. LOCATION (Street a City or Town, State)	nd Number o	or Rural Ro	ute Number,
	4 Homicide determined								say sa yours, scale)			
7	290. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of	my knowledge, de	ath occurre	d at the tim	e, date e	nd placa.	and due to	the cause(s) and man	mer as state	d.	
COMPLETED	orie) 2 MEDICAL EXAMINER											and manner as stated
	296. SIGNATURE AND TITLE OF CERTIFIER			1								
H	1 k10000 0		2.000	/		_ [ '	COL LICEN	ISE NUMBE	in.	29d. OATE	SIGNED (	Month, Day, Year)

C. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PANKAJ R. DESAI, M.D./800 N. HAMMONDS FERRY ROAD/LINTHICUM, MARYLAND 21090

32. REGISTRAR'S SIGNATURE Julia Davidson Mandalle

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JUL 23 1993

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NOW	: Att	r de	S
TTE	STOR	afte	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ST	ATE OF MAR		/ DEPARTMENT			HYGIENE	70
			CERTIFICATE	OF DEATH	1	REG. NO.	
	A	D	Md - b - 7		2. DATE O	F DEATH 7/3	/93

	1 - STATE OF MA	RYLAND / DEPARTI	MENT OF HEALTH		NTAL HYGIENE REG. NO.	, 0	
	1. DECEDENT'S NAME (First, Middle, Lest) 2. Anna	B. Nicho	lson		DATE OF DEATH DAY	/ <b>1</b> /93	3. TIME OF DEATH 3 10 AM M
	4. SOCIAL SECURITY NUMBER  213-48-4337  1  M 2  F  9. FACILITY NAME (if not institution, give street end number)	89 YRS.	F UNDER 1 YEAR IF UNDER ONTHS DAYS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year) Nov.12,19	C	IRTHPLACE (State or Foreign ountry) Maryland
TOR	Meridian Nursing Center		Frede				derick
CONSECTOR	10e. STATE 10b. COUNTY  Maryland Montgomery  10e. STREET AND NUMBER	10c. CITY,	Germanto			40 - OUTSTEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
FUNERAL	23230 Ridge Rd.			0874		log. CITIZEN	USA
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  1 Widowed 4 Divorced  12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAR	YES MO	13. WAS DECENDENT If yes, specify Cut 1 YES 20 NO	an, Mexicen, Pu			RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5 +)		rk done during most of work retired.)	ing	16b. KIND OF BUSI		RY
	7 17. FATHER'S NAME (First, Middle, Last) Thomas John Brown	HON	nemaker		First, Middle, Melden Si e Etta Al	urname)	
TO BE	190. INFORMANT'S NAME (Type/Print)  Donald E. Nicholson		ODRESS (Street and Numb	er or Rural Route	Number, City or Town,	State, Zip Code	
	20e. METHOD OF DISPOSITION  QC Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSIT other place) Salem	Methodist	7/:	3/93 C	edar G	rove, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	th		Molesw	orth, P.A Damasc		. 20872
	23. PART I. Enter the diseases, or contributions that can shock, or heart failure. List only one cause iMMEDIATE CAUSE (Final disease or condition reaulting in death)  DUE TO (0)	on each line.	CART FA	LURE		atory arreat,	Approximate Interval Between Onset and Dest
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	R AS A CONSEQUENCE OF:		vasc a	disease		
PHYSICIAN: MEDICAL CEI	PART II. Other significant conditions contributing to de  AL217814881 DISE		the underlying cause	given in Par	t I. 24a. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF	OEATH (Check	only one)		
YSIC		R/Outpatient 3 DOA	OTHER: I Mursing Home 5				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation				d. OEŞCRIBE HOW IN	JURY OCCURE	ED
8	3 Suicide 6 Could not be determined 28e. PLACE OF building, at	INJURY — At home, farm, att c. (Specify)	eet, factory, offica	26	1. LOCATION (Street ar City or Town, Stata)	nd Number or R	ural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of m						use(e) end manner ea stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	15-0.	6	CENSE NUMBE		29d. OATE SIG	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS George I. Smith, Jr.,	M.D. 300	W 9th St	. Fred	derick. Mo	d. 217	01
	31. DATE FILED (MONT) PPY, YO') 2 1993 32. REGISTRAN	s signature Davidson-Randall	2				

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FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATN									
	(RAIG KABERTIVISBET MLY 17 1993 8 13 AM									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH  8. BIRTHPLACE (State or Foreign Country)  MONTHS DAYS HOURS MIN. (Month, Day, Year)									
	910-70-8101 APRIL 14, 1948 DELAWARE									
œ	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
5	RESIDENCE OF DECEDENT NOSPITAL (REFLED, MD. SOMERSET									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
	MARYLAND JO MERSET CRISFIELD 1 YES 2 NO									
FUNERAL	10e. STRÉET AND NUMBER (). CITIZEN OF WHAT COUNTRY?									
ij	27007 MANTATION RO. 21817 U.S.A.									
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— Black, White, atc.  14. RACE — American Indian, Black, White, atc.									
B	3 Wildowed 4 Divorced IF YES, OIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									
ED	15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION  16b. KIND OF BUSINESS/INDUSTRY									
Щ	(Give kind of work done during most of working life. Do NOT use retired.)  (Cive kind of work done during most of working life. Do NOT use retired.)									
COMPLET	3 BANKER BANKING									
S	17. FATHER'S NAME (First, Middle, Last)  ARTHUR J. NISBET  18. MOTNER'S NAME (First, Middle, Maiden Surname)									
BE	LARCE THA MORKIS									
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural Regite Number, City or Town, State, Zip Code)									
	NR. GREGORIO DELLOSO 201 HALL XINY CRESTIELD, MD. 2/8/7									
	1 Buriel 2 Cremetion 3 Removal from State 200-PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND ALE OF PLACE AND A									
	21. SIGNATURE OF FUNERAL/SERVICE LICENSEE									
	22. NAME AND ADDRESS OF FACILITY BURBAGE FUNERAL HOME.  108 WILLIAMS ST. BERLIN, MD.  21811									
	23 PART   Enter the dispasses or complications that could be a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se									
	23. PART I. Enter the diseases, or compilications that seused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, ahock, or haert failure. List only one cause on each line.  Approximate intervel Batween									
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. BLEEDING ESOPHASEAL VARICES 3 HRS									
i	resulting in daeth)  a. PLCCY/VGCSV/MACAL VARICES  BUE TO (OR AS A CONSEQUENCE OF):									
z	Sequentially list conditions b. CIRRHOSIS OF THE LIVER 4 YRS									
E	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury C. CHRONIC ALCOHOLISM 14 YRS									
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
E	d.									
A I	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
EDICAL	ACUTE ALCOHOL ABSTINENCE SYNDROME    Performed   AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
Σ	1  YES 2  NO									
Z										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
PHYSICIAN:	1 1 g Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify)									
P	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?									
B ₹	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, streef, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number,									
Ä	4 Homicide detarmined building, atc. (Specify)  building, atc. (Specify)  building, atc. (Specify)									
I E	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
COMPLETED	one)  2 MEDICAL EXAMINER: On the beals of axemination and/or investigation, in my opinion, death occurred at the films, date and placa, and due to the cause(a) and manner as stated.									
Ö	29b. SIGNATURE AND TITLE OF CERTIFIED									
m										
٩	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  MCCREADY MEMORIAL HOSPITAL CRISFIELD, MARYLAND 21817  11. DATE FILED (MONTH DAY MAIL)									
	MCCREADY MEMORIAL HOSPITAL CRISFIELD, MARYLAND 21817									
2	JE. REGISTHAN'S SIGNATURE									
	JUL 20 1993 Julis Deniem-Rondoll									

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0	1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after or	CADE TITLE - After this confidence has been alreaded by the about the standard and an extended the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard and the standard
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	JR /	CON
	7	C

REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	t)				2. DATE OF OEATH		3. TIME OF DEATN	
Madeline	G.	Nichol	S		July 1	8 199:	5:50PM	
4. SOCIAL SECURITY NUMBER				F UNDER 24 HRS.	7. DATE OF BIRTH	I a num		
220-30-2597	1□M2∏F 8	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		OURS MIN.	(Month, Day, Year)	Cour	Caroline	
9a. FACILITY NAME (If not institution, giv	<u> </u>	0	b. CITY, TOWN OR L	00471011 57 5	Jov. 6, 190	4 Mar	ylandrine	
		1.2	B. CITY, TOWN OR L	LOCATION OF OE	ATH	9c. COUNTY OF	DEATH	
Memorial Hos	<u>pital at Ea</u>	aston	Eas	ston		Tall	bot	
10a. STATE 10b. COU			OWN OR LOCATION	4				
Maryland	Caroline						10d. INSIDE CITY LIMITS?	
	odioline	red	deralsb				TY YES 2 NO	
10e. STREET AND NUMBER	D1- 2		10f. ZII	P COOE		10g. CITIZEN OF	WHAT COUNTRY?	
307	Park Avenu	е		21	1632	U.S.A	•	
11. MARITAL STATUS	12. WAS OECEDENT EVER	IN U.S. ARMEO	13. WAS DECENE	DENT OF HISPAN	IC ORIGIN? (Specify Yes		CE — American Indian,	
1 Never Married 2 Married	FORCES? 1 YES	DATES	1 YES 2		, Puerto Ricen, etc.)		ck, White, etc.	
3 X Widowed 4 Divorced				X		1	Black	
15. OECEOENT'S Ed (Specify only highest gra		16a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	done during most of otired.)	f working				
3		Domest			Drive	. II	_	
17. FATHER'S NAME (First, Middle, Last)		Domest		MOTURNIS	ME (First, Middle, Maiden	e Home	S	
1897	Frank Rich	cetts	16					
19a. INFORMANT'S NAME (Type/Print)					beth Tay		cketts	
Barbara E. Bo	- M				loute Number, City or Town			
	raen		rk Ave	nue, F	ederalsb	urg, M	d.21632	
20s. METHOD OF DISPOSITION  1 N Burlal 2 Cremation 3 Re		b. PLACE AND DATE OF	ISPOSITION (Name of			CATION — City or 1		
4 Donation 5 Other (Specify)	C6	metery, crematory or other Rederal F	place)	matar	7/23/02	Fodow-	lsburg, Md	
21. SIGNATURE OF FUNERAL SERVICE	DEDUCE ( ))		22. NAME AND A	OORESS OF FAC	ILITY	recera	ISburg, Ma	
1/7 mela	12 demin	1 -1	4	2	145 1		5 (	
rampion	ruflers 20	Result. H.	216N/	Masin	SI Tecle	restable	wa 20 2163	
23. PART I. Enter the diseases, o	complications that cause b. List only one cause on	d the death. Do not	entar tha moda	of dying, such	as cardiac or respin	ratory srrest,	Approximate	
IMMEDIATE CAUSE (Final	. List only one cause on	asch lina.					Onset and Death	
disesse or condition	Cardina	Acces-	•				Onset and Death	
resulting in death) s. DUE TO (OR AS A CONSEQUENCE OF):								
ASCIO - 1 Ob - 1								
Sequentially list conditions,	b. / SCULD Q	A CONSEQUENCE OF):	0016	111			413	
If sny, lasding to immediate cause. Enter UNDERLYING	Chara	A CONSEGUENCE OF):	1	, j			11/50	
CAUSE (Disease or Injury	- Chiana	Ubstr	ichue	DIL	Cisear	0	713.	
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):		1				
resulting in death) CAST	d,							
PART II. Other significant condition	ne contribution to do the	hut mat macritical to	ha anada ti t					
- Annual Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t		out not reauting in t	ne underlying ca	ause given in i	Part I. 24s. WAS AN A PERFORE		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
10bacco a	buse				1 TYES 2		COMPLETION OF CAUSE OF DEATH?	
Harmass							1 YES 2 NO	
Confision	110 to bu	pokia						
25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Che	ck only one)			
EXAMINER?	HOSPITAL:		THER:					
27. MANNER OF DEATH	1 Inpetient 2 ER/Out		Nursing Nome 5					
1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME Ó	WORK?		28d. DESCRIBE NOW IN	JURY OCCURED		
2 Accident Investigation				2 🗌 NO				
3 Suicide 8 Could not b	26s. PLACE OF INJUR building, etc. (Spe	Y — At home, tarm, atre	et, factory, offica		28f. LOCATION (Street as	nd Number or Rural	Route Number,	
4 Homicide determined	- Smarrig, etc. (ope	//			City or Town, State)			
29a. CERTIFIER	DICIANI, To an							
(Check only 1 CERTIFYING PHY	SICIAN: To the best of my know							
2 MEOICAL EXAMI	IER: On the basis of examination	on end/or investigation, is	n my opinion, death	occured at tha t	ime, data and place, and	dua to the cause(	s) end manner ea stated.	
29b. SIGNATURE AND TITLE OF CERTIF	EP /		29	c. LICENSE NUM	BER	29d. DATE SIGNE	D (Mohth, Day, Year)	
	HICKY	lun	7	DIDO	1/2/-	17/10	2/92	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALISE OF O	ATH (ITEM 27) / Kma Du	7()		00	111	1/10	
						1	/	
Memorial Hos 31. DATE FILED (Month, Day, Year)	pital, Easi	ton, Mary	riand 2	1601				
31. DATE FILED (Month, Day, Year)	42. REGISTRAR'S SIGN	Prondo 00						

1	-	STATE REGISTR	Al
1	ı. D	ECEDENT'S	N

1 - STATE REGISTRAR		STATE OF I	ARYL					DEAT		WENT	AL HYGIEN	E		
1. DECEDENT'S NAME (First,	Middle, Last)										E OF DEATH			3. TIME OF DEATH
	Ethel	Virgir	nia N	Vea1						Jul		1993	YEAR	1:45 A m
4. SOCIAL SECURITY NUMB		5. SEX		In yrs. lest	birthday)	IF UND	ER 1 YEAR	IF UNDER 2	4 HRS.		E OF BIRTH oth, Day, Year)		6. BIRTH Countr	IPLACE (State or Foreign
218-20-8798 1 W 2 M F 68 YRS.						May	30, 19	25		aware				
9a. FACILITY NAME (If not in						9b. CI	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH	
25971 Shore		ay					Der	ton				С	arol	ine
10e. STATE	10b. COUNTY				10c. CIT	Y, TOWN	OR LOCAT	ION						10d, INSIDE CITY
						LIMITS?								
10e. STREET AND NUMBER							10f	ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
25971 Shor	e Highw	vay					2	21629					U.S.	Α.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				13	If yes, spe		, Mexica	n, Puerte	iiN? (Specify Yes o Rican, etc.)	or No-	Speci	E — American Indian, k, White, atc. Hy: ICasian		
	EDENT'S EDUCA						OCCUPATIO	N st of working		-16	66. KIND OF BUS	HNESS/INC	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	IIIa.	Do NOT us	e retired.	)	a or working						
10 yrs.		None		Own	er/C	per	ator			_	Auto Se		e St	ation
17. FATHER'S NAME (First, M. Leo		/irgil	Hill					18. MOTH		ME (First	ie Eli		th J	ester
19a. INFORMANT'S NAME (7)											mber, City or Town			
Edward W.	210012			2	5971	. Sh	ore F	lighwa	ay,	Den	ton, Ma	-		21629
20a. METHOD OF DISPOSITI 1	n 3 🗆 Remov	al from State	cem	PLACE A netery, cren DCOL	natory or o	ther place	OSITION (Na e)	me of		1		CATION —	100	wn, State
21. SIGNATURE OF PUNERAL	SERVICE LIGHT	Well	No.	w.	z	22	Moore		eral	ишту Но	me, P.A., Maryl	١.	216	
23. PART i. Ener the dishock, or hi immediate CAUSE (indisease or condition resulting in death)  Sequentially list conditi if any, leading to immediate the short of the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the sequential in the seque	and talking Line Line  and and and and b.	COL DUE TO	ON AS A	consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of conseq	APC UENCE OF	YN T:	OM L		ig, such	h aa ca	rdiac or reapi	ratory an	rest,	Approximate interval Between Oneet and Death
cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS	NG c.			CONSEQ										
PART II. Other significa	nt conditions	contributing to	death b	ut not re	esuiting i	in tha u	underlying	cause gi	ven in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			т	0771		ACE OF DE	ATH (Che	ock only	one)			
1 TYES 2 NO		Inputient 2	ER/Outp	atient 3	□ DOA	OTHE 4   N	ER: ursing Hom	5 0	idence	6 🗆 Otl	her (Specify)			
	Pending	28a. DATE OF (Month, D			28b. TIM INJ	E OF URY M		URY AT RK? 'ES 2 🗌	NO.	28d, D	EŞCRIBE HOW II	JURY OC	CURED	
3 Suicide 6	rivestigation Could not be latermined	28e. PLACE O building,	F INJURY etc. (Spec	— At hor	ne, farm, s	street, fa				261, LC	PCATION (Street a by or Town, State)	nd Number	or Rural F	Route Number,
		AN: To the best of On the basis of a												and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER  PERSON WHO	6 ME	>	****	1800 OF			29c. LICEN	ISE NUM	IBER	7	29d. DAT	13	193 (19ar)
KELLIN =	1. (	D' 6	E To	ATH (ITEM	100 CT	e west)	60	6 R	100	1141	15 CH	US,	BA	StON
JUL 16 93	(40)	FLOKE DOW	H≱ SIGN (430)^-	Mande	200								Me	0.21601

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	۱.	FOR STATE REGISTR	AF
ı	1. D	ECEDENT'S	N/
			-
	_		

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE	OF	DEAT	H	F	REG. NO					
}	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF			YEAR	3. TIME OF	DEATH	_
1	Clarence		Ne	wman					July		1993		6:10	Δ	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	1773	8. BIRTH	HPLACE (State		_
	216-16-3323	1 € M 2 □ F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	JAN .		1925	Counti	YLAND		
Œ	90. FACILITY NAME (If not institution, give s Physicians Memo		nital			town o	R LOCATIO	ON OF DE	ATH			arle			
5	RESIDENCE OF DECEDENT														
Ĕ.	10a. STATE 10b. COUNTY	Y		10c, CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE	CITY	_
DIRECTOR	MARYLAND CHAR	RLES		BRY	YANS I	ROAI							LIMITS	?	
¥	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CITI	ZEN OF V	WHAT COUNTI	RY?	_
FUNERAL	P.O. BOX #23 ROUT		20616						UNITED STATES						
2	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED	13. W	AS OECI	ENDENT OF	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	E — American k, White, etc.	Indien,	
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		i	YES	2)(XNO	Specify:	i, Puerio Rical	n, are.)		Speci		K	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S	USUAL OC	CUPATIO	N at of working		16b. KIN	D OF BUS	SINESS/INC	DUSTRY	DIMO		_
91	Elementary/Secondary (0-12)	College (1-4 or 5+	,		work done du se retired.)		it or working	,							
ğ	7TH GRADE  17. FATHER'S NAME (First, Middle, Last)		PRE	SS (	PERA'	ror			_	ERNM					
	JAMES NEWMAN								ME (First, Middl						
8	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADORESS				HNSON Oute Number, (			Code		_	_
2	CLARENCE W. NEWMA	4N							EMOY,				0662		
	20e METHOD OF DISPOSITION 1 Di Buriel 2 Cremation 3 Rema		20b. PLACE A	ND DATE	OF DISPOSIT	TION (Nar	ne of		OATE		CATION -				_
	4 Donation 5 Other (Specify)	oval from State	HARMON	Y ME	MORTA	AL P	PARK.	7/	23/93				E, MAR	YLANI	)
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE THE	Chha	4.1			D ADDRES								
	LADIA C. THORN	NTON JOHN	SON MOO	583					ERAL I		III' A D	MAT	RYLAND	206/	/· O
	23. PART I. Enter the diseeses, or o	omplications that	t ceused the dec	th. Do r	not enter t	he mod	de of dyln	ng, such	as cerdiec	or respi	retory arr	eat,		ZU04 eximata	ŦŪ
	shock, or heart fellure.	List only one cau	se on each line.										Interv	al Betwee	
	disease or condition resulting in death)	. Cour	(OR AS A CONSECU	sp	refr	4/1	baile	ITE.							
1		OUE TO	(OR AS A CONSEQ	UENCE O	F):	11.	/								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQU	JENCE OF	P:	end	Pr'A	(					-		
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	-41 /	CA RES		/	0	f .		o Su	wd.	nel.		į		
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQ	DENCE OF	F):				0 /	71.47.1	- A				
#	Comming in double, con-	d											-		!
	PART II. Other significent condition	s contributing to	deeth but not re	sulting	in the und	erlying	ceuse gl	ven in F	Part I. 24a	. WAS AN		24b.	WERE AUTOP:		S
DICAL	Carcinona	a He	MIX	Y	alph	un	han		1.	PERFOR			AVAILABLE PE COMPLETION		
MEC	Early work	Redec 7	Milea	re.					_   ''				OF DEATH?	□ NO	
ż			0.3						_						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PL/	ACE OF DE	ATH (Chec	ck only one)						
YSI	1 TYES 2 NO	1 (hpatient 2	ER/Outpatient 3 (	DOA	OTHER:	ng Home	5 🗆 Res	idence 6	Other (Sp	ecify)					
	27. MANNER OF DEATH  1 Autural 5 Pending	28a. DATE OF (Month, Da	INJURY by, Year)	28b, TIM INJ	E OF 2	8c. INJU	RK?		28d, OEŞCRIE	BE HOW II	NJURY OCC	CURED			
B	2 Accident Investigation	26s PLACE OF	F INJURY — At horr	o form	denot forter		ES 2 🗌			A1 (0)					_
COMPLETED	4 Homicide 6 Could not be determined	building,	etc. (Specify)	IV, 181111, 1	straet, ractor	у, описе			City or To	N (Street e wn, State)	nd Number	or Rural R	loute Number,		
I E	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, deal	th occurr	ed at the tim	e, date d	end place, a	and due t	the causele	) end man	ner as stat	ed .			
ŏ.	070) 2 MEDICAL EXAMINE												) end manner	ee stated,	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1111		21	, ,		29c. LICEN	ISE NUME	BER		29d, DATE	E SIGNED	(Month, Day, Y	rber)	$\exists$
TO B	L'Moth	(Heffer	ding 1	lu	Millie	(N)	D-12	2587			17.	10	7-9-	3	
F	30. NAME AND ADDRESS OF PERSON WHO		E OF DEATH (ITEM	27) (Туре,	Print)		_							,	
	Girija S. Rath, M 31. DATE FILED (Month, Day, Year)			e Rd	., Ce	enna	Cent	ter,	Waldo	orf,	Msry	1and	20602	2	
	31. DATE FILED (Month, Day, Year)		A SIGNATURE	Rands	10										

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	OR	SIN	OULS	Eem
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
	SPI	NER	thin	벌
	EE	E FU	M P	E.
	王	E	file	2
	2	2	8	=

BE COMPLETED

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									9:	3 2	2711
	1 - FOR STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPAR	RTMENT OF	F HEALTH	AND MI	ENTAL HYGI			
	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		YEAR	3. TIME OF DEATH
	Norman	T		Oliver M.D. Tu			July	21	93	3:35 P M	
	216-46-0905	5. SEX 6. /	AGE (In yrs. les		IF UNDER 1 YE		MIN.	Month, Day, Yea	)	Country)	
	9a. FACILITY NAME (If not institution, give		01	YRS.		i transiti		7 13	191		ew York
FUNERAL DIRECTOR	Memorial Hos		East	on_		ton	ON OF DEAT	Ή		bot	ан
E C	10a. STATE 10b. COUNT			T	TY, TOWN OR LO	CATION				I	Od. INSIDE CITY
8	Maryland T	albot		St	. Mic	haels					LIMITS?
4	10a. STREET AND NUMBER					101. ZIP COD	E		10a, CITI		AT COUNTRY?
ER.	7893 Fuller	Road		21663					1 "	USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	MED	13. WAS			ORIGIN? (Specify			- American Indian,
J	1 Never Married 2 Married	FORCES? 1 X	YES 2 1	40	I1 yes	Specify Cube	n, Mexican, I	Puarto Ricen, atc.		Black, \ Specify:	White, etc.
8√	3 Widowed 4 Divorced	W W II			''		opoony.			эрвину.	White
逆	15. DECEDENT'S EDU (Specify only highest grad	ICATION s completed)	18a. DE	18e. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working					BUSINESS/INC	JUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retired.)						rthopedic Surgeon					
MP	12	13	Me	edic	al Do					c Su	rgeon
	17. FATHER'S NAME (First, Middle, Last)  Jacob Ohlbaum							(First, Middle, Mail	den Surname)		
ш								Lemke			
2	19a. INFORMANT'S NAME (Type/Print)							te Number, City or			1.660
•	Zara E. Olive	r		-			St.	Micha			
	1 (Buriel 2 Cremation 3 - Ren	novel from State	cemetery, cre	matory or o	OF DISPOSITION other place)	(Name of		OATE 20c.			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Oxfor	rd C	emete				Oxfor	d , M	D 21654
	21. STATE OF PONETIAL SERVICE CO	DENGEE				nam F		al Hom	e. P.	Α.	
	YOHN R.	MERCERON	CF.	5 2	200	S. H	arri	son St	Ea	ston	, MD 2160
	23. PART i. Entar the disesses, or shock, or heart feliure.	complications that car	used the da	ath. Do i	not antar tha	moda of dy	ing, such a	s cardiac or re	spiratory srr	rest,	Approximata
	IMMEDIATE CAUSE (Final	List only ona cause (	on aach iina	h	(						intarval Between Onset and Daath
	disesse or condition resulting in death)		SPIG	2AT	00	NEU	NON.	19			30Anc
		DUE TO (OR	AS A CONSEC	SPIRATION NEUMONIA AS A CONSEQUENCE OF: RED ORGANIC BRAIN GUI							133
Z	Sequentially list conditions,	a SCOVE	200	720	FONIC	500	1 5	1 J DR01	5		
월	if sny, leading to immediate	DUE TO (OR	AS A CONSEC	DUENCE O	F):	D.					
2	cause. Enter UNDERLYING CAUSE (Disesse or injury	a MU	NAM	J-M	PCT	1761	u CN	11/4			
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	DUENCE O	F):						
L CE	PART II. Other significant condition	ns contributing to day	th but not a	acidina i	in the under	dna couse d	niuan in Da	- 1   AL 1970		1	
8	CORON			1	SERSE		iven in ra	PER	AN AUTOPSY FORMED?	A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
		1-3-2-1			24621 4 366			_ 1 _ YES	2 NO		OMPLETION OF CAUSE F DEATH?
Σ.			· ·					-		1	☐ YES 2 ☐ NO
A	25. WAS CASE REFERRED TO MEDICAL				-	BI ACE OF D	EATH (Ch	ant and			
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	/Outpoti		отныя:	PLACE OF D					
PHYSICIAN: MEDICAL	27. MANNER OP DEATH	28a. OATE OF INJU						Other (Specify)	W IN HIPW OR	CHOCK	
ВУ Р	27. MANNER OP DEATH  1 Netural 5 Pending 2 Accident Investigation  28a. OATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED										

1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	□ DOA	OTHE 4 ≥ Nu	R: rsing Home 5 - Residence		
MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM			28d. DESCRIBE HOW INJURY OCCURED	

1 Netural
2 Accident 3 Sulcide

4 Homicide

1 YES 2 NO 28s. PLACE OF INJURY -- A1 home, building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(s) and manner as stated.

2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTS 29d. DATE SIGNEO (Month, Day, Year)

7. 22,8 29cs LICENSE NUMBER

3962

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

Friedman, 403 Marvel Court, Easton, M.D., Scott D.

31. DATE FILEO (Month, Day, Year)

JUL 22 1993

en mendon

32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

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687	pacuted
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.O. BC	certificate
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TA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour
0	080
	_

	FOR STATE OF MA	DVI AND / DEDAM	PRICALL OF LIPSUPIL AND	Been was been seen		22712				
	1 - STATE STATE OF MA	CERTIFI	TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.	Ε					
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM J. OTT			2. DATE OF DEATH MONTH 6/30/93	W YE.	3. TIME OF DEATH 4:10P M				
	213-12-7844 1\(\text{X}\)	AGE (In yrs. lest birthday) 74 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/11/19	8. E	HRTHPLACE (State or Foreign Country) ENNSYLVANIA				
OR RO	99. FACILITY NAME (# not institution, give street and number)  VA MEDICAL CENTER, FT. HOT	WARD, MD.	96. CITY, TOWN DR LOCATION OF D BALTIMORE	PEATH	9c. COUNTY BALTII					
DIRECTOR	10a. STATE 10b. COUNTY  MARYLAND FREDERICK	10c. CITY		10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
RAL	BOX 951, EMMITSBURG, MD. 2	21727	101. ZIP CODE 21727-095	01707 0051						
BY FUN	11. MARITAL STATUS  1	EYER IN U.S. ARMED YES 2 NO TOR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	INIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	VSA  Tes or No—  14. RACE — American Indian, Black, White, etc. Specify: WHITE					
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Coffege (1-4 or 5+)	16a, DECEDENT'S I	USUAL OCCUPATION ork done during most of working a retired.)	PAINTIN						
COMPLET	17. FATHER'S NAME (First, Middle, Last) BERNARD OTT. SR.	- Alan		AME (First, Middle, Maiden  (ELDER)						
TO BE COM	190. INFORMANT'S NAME (Type/Print)  CLINICAL RECORDS		G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  NORTH POINT ROAD, FORT HOWARD, MD. 21052							
	20a_METHOD OF DISPOSITION 1) \ \Burial 2 \subseteq Cremetion 3 \subseteq Removal from State 4 \subseteq Donation 5 \subseteq Other (Specify)	20b. PLACE AND DATED cometery, cremetory or off EMMITSBURG	F DISPOSITION (Name of	DATE 20c. LO						
examiner must	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	I EMMITSBURG	22. NAME AND ADDRESS OF F.  SKILES F.H	ACILITY 210 WES	TMAIL	V 57.				
the medical		on each line.	ot enter the mode of dying, such	ch as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death				
y, or other traumatic event, CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  CANCER OF THE PROSTATE  DUE TO (OR AS A CONSEQUENCE OF):  LEADING  DUE TO (OR AS A CONSEQUENCE OF):  d.									
hows any Injur MEDICAL	PART II. Other algorificant conditions contributing to de MULTI-INFARCT DEMENTIA, CH	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)						
HYSICI		R/Outpatient 3 DOA	OTHER: 4   Nursing Home 5   Residence	6 Other (Specify)						
28 Is marked, TED BY PH	27. MANNER OF DEATH  XX Netural 5 Pending 1 Accident Investigation  28a. DATE OF IN (Month, Day,	Year) INJU	M 1 YES 2 NO	28d. DESCRIBE HOW I						
	4 Homicide determined building, etc	NJURY — At home, farm, at c. (Specify)	Ireet, factory, office	28f. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,				
IMPORTANT: If Item 2 O BE COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of rm one)  2 MEDICAL EXAMINER: On the baste of examiners					use(e) end menner ex stated.				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER			152 Z	≥ 7/1/	NED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE WEN-SHYANG WU, M.D.,		Frim) TEDICAL CENTER,	FORT HOWARI	D, MD.	21052				
	31. DATE FILED (Month, Day, Year)  32. REGISTRARY  JUL 0 7 1993  Julia Liu									

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NG.	4444

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND	MENTA	L HYGIENI		t.a	to I		
	1. DECEDENT'S NAME (First, Middle, Last)	CONSTANCE U.				2. DATE	OF DEATH	, ,,	3.	TIME OF DEA	гн	
		ONNIE	PACE				7 9 9			2	AH	
		- 4	MC MC	NTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH		BIRTHPLACE (State or Foreign Country)			
	9e. FACILITY NAME (If not institution, give stree		7 YRS.	- OUTY TOWN O		AUG	. 1, 1			SYLVAI	VIA	
TOR	831 RAY	831 RAY ROAD HYATTSVILLE PRINT								EORG.	ES	
DIRECTOR	100. STATE 100 COUNTY PR IN	E'S HYATTSVILLE			F				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
AL	10e. STREET AND NUMBER			10g. CITIZEN OF W								
FUNERAL	831 RAY	KOAD		é	20781			USA				
F	11. MARITAL STATUS 1  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENOENT OF HISPAI	NIC ORIGII	N? (Specify Yes Rican, atc.)	or No- 14.	RACE — / Black, Wh	American Indi nita, etc.	en,	
ВУ	3 🔀 Widowed 4 🗌 Divorced	TES	1 TYES	2 NO Specif	ly:				14140			
ED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	FION	16a. DECEDENT'S US	UAL OCCUPATION	)N	166	. KIND OF BUS			, .		
LET		College (1-4 or 5+)	(Give kind of work life. Do NOT use re	c done during mo: etired.)	st of working							
COMPLETE	12		ADMINSTR	RATIVE	<u>ASSISTAN</u>	T	GOVERNI	1ENT				
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First,	Middle, Maiden S	urneme)						
띪	PHILIP T. [  190. INFORMANT'S NAME (Type/Print)	UGISS	10h MAU INC AC	Dorne (Over )	ANNA			GARKO				
2	JULIE MERGEN				AVENUE,				*	002	ĺ	
	20e. METHOD OF DISPOSITION	206.	PLACEANDDATEOF			DAT		ATION - City				
	1 ty Burlel 2 Cremation 3 Removal from State 4 Donetton 6 Other (Specify) GATE OF HEAVEN CEMETERY 7/21 SILVER SPRING. MD											
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AN	D ADDRESS OF FA	CILITY						
	Mark J.	Dranson		500 U	IS J. CO NIVERSIT	LLLN Y BL	S FUNEI	RAL HO	ME,	INC.	2090	
	23. PART i. Enter the diseases, or con	nplications that caused	the death. Do not							Approxim		
	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final Onset and Deat											
	disease or condition a. ARTERIOSCLEROTIC CAP WOVASCULAR DISEASE											
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):											
CAT	If any, leading to immediate cause. Enter UNDERLYING											
Ė	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
Ä	resulting in death) LAST											
AL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b								24b. WEF	E AUTOPSY F	NDINGS	
S	HYPER THE	2MHA				PERFORMED			CON	LABLE PRIOR		
ME						1 TES 27 NO		,		DEATH?	10	
ž												
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL BYAMINER?	IOSPITAL:	100		ACE OF DEATH (Ch	eck only on	(0)					
IXSI	1 YES 2 NO 1	☐ Inpetient 2 ☐ ER/Outpet		THER:  Nursing Home	5 Residence	6 🗆 Othe	r (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	26b. TIME O	WO	PIC?	28d. DES	CRIBE HOW IN	JURY OCCURE	D			
B	2 Accident Investigation	28e. PLACE OF INJURY -	- At home form etra-		ES 2 NO							
8	4 Homicide 6 Could not be	building, stc. (Specify	y)	it, factory, office		City	ATION (Street en or Town, State)	a Number or H	urai Houte	Number,		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of my knowle	des death commed a	4 the time date	and alone and dis							
MP	CERTIFIER  (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, end due to the cause(e) end manner ee stated.  2 EDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.											
	290 GIGHT TURE AND TITLE OF CERTIFIER	1 None	to Mod	101	29g. LICENSE NUN			29d. DATE SIG				
) BE	Hanlas levor	lu bago	amint	R	DOIN	35	2	> 7 -	13-	-43		
5	30. NAME AND ADDRESS OF PEASON WHO	OMPLETED CAUSE OF OEAT	TH (ITEM 27) (Type, Prin	nt)		7/1	, ,,		4.0	1-	$\dashv$	
	PAULH. DETO	KE IND E	203A)1	PAISI	JURY KE	14	491/51	17/10 1	WZ) .	2028		
	31. DATE THE (MS211. Pox 1993	K-W-DERINDHINGSERIUMK	Pater		1							

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he hospital or attending physiclan.	detached for use as the burial-transit permit. Properties	once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Plant the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: T	TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or iter

STATE OF MARYLAND / DEPARTMENT		HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE OF MA	RYLAND C	DEPARTI	MENT OF H	EALTH AND	MENTA	L HYGIE					
1	1. DECEDENT'S NAME (First, Middle, Last) FRADA PLAT		2. DATE OF DEAMONTH			DAY 9	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 \( \text{ M 2} \) \( \text{ F} \)	AGE (In yrs. ia	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	12	OF BIRTN	1909	RU	SSIA		
TOR	9a. FACILITY NAME (If not institution, give street and number)  HEBREW HOME OF GREATER WA	SHINGT		ROCKV	LLLE	EATH		MONT				
DIRECTOR	10a. STATE 10b. COUNTY  MARYLAND MONTGOMERY			OCKVIL						10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 6121 MONTROSE ROAD			101.	ZIP CODE 208	52			TIZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR	If yes, spe	ENDENT OF HISPAI city Cuban, Mexico 2 NO Specif	an, Puerto		es or No 1	14. RACE Black Speci	— American Indian, i, White, etc. ly: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  2  HOMEMAKE				done during most of working tired.)			OWN				
BE COM	17. FATHER'S NAME (First, Middle, Last)  ISAAC RAMANOF		18. MOTHER'S NA TONYA			n Sumame)	- CIII	•				
TO B	190. INFORMANT'S NAME (Type/Print) NATALYA TVERSKAYA				TFE CIRC					BURG,MD.2087		
	20a METHOD OF INSPOSITION  1 M Burlal 2 Departston 3 Removal from State 4 Donation /5 D John (Specify)  21. SIGNATURE OF PRIMAL SERVICE LIGENSEE						SHINGTON, D.C.					
	Mastitus			DANZAI 1170 I	NSKY-GOL ROCKVILL	DBER E PI	ERG MEMORIAL CHAPELS, INC. PIKE - ROCKVILLE, MD. 20852					
	23. PART I. Enter the diseases, or complications that c shock, or heart failure. List only one ceuse IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (0)	on each lin	е.		NEER		diac or res	piratory arre	st,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
١	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in						ven in Part I. 24s. WAS AN AU PERFORME			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
PHYSICIAN: MEDIC						7	1 UYES 2 NO			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 21 NO HOSPITAL: 1   Inpatient 2   E	R/Outpatient :	3 DOA 4	THER:	5 Residence				-			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation  28a. DATE OF IN. (Month, Dey.	Y M / 1 WOI	ES 2 NO	28d. DE	SCRIBE HOW	VINJURY OCCURED						
	3 Suicide 6 Could not be determined 26s. PLACE OF is building, etc.	:. (Specify)		-		City	or Town, State	st and Number or Rural Route Number, le)				
COMPLEI	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of axan									and menner as stated.		
IO BE	296. SIGNATURE AND TITLE OF CERTIFIER  (. Calway M.D.				29c. LICENSE NUMBER  D 36 55 1			29d. DATE SIGNED (Month, Day, Year)  7   16   9 3				
-	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE P. TALWAR, 6121 MON	TROSE	RO	, Roc	krille	= M	40. 20	0852	_			
	31. DATE FILED (Month, Day, Year)   132 REGISTRAP'S	SIGNATURE OF	402									

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Last)		PEI	FFR		2. DATE OF DEATH MONTH	12.1993	3. TIME OF DEATH  6.20 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UMDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. Bil	RTHPLACE (State or Foreign			
	577-01-4548	1 🗆 M 2 🏋 F 7	3 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2 2 1	Co	untry) rginia			
DIRECTOR	So. FACILITY NAME (If not institution, give street and resolven)  So. CITY, TOWN OR LOCATION OF DEATH  PRINCE  PRINCE										
l H	10a. STATE 10b. COUNT	Y	f0c. CITY, T	OWN OR LOCATI	ON			10d. INSIDE CITY			
		rles	Wa	ldorf			LIMITS?				
FUNERAL	10e. STREET AND NUMBER			101.	10g. CITIZEN O	en of what country? America					
Ä	133 E11 La	ine									
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EYER II FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe		NC ORIGIN? (Specify 1 n, Puerto Rican, etc.) :	В	14. RACE — American Indian, Black, White, etc. Specify: White			
유	15. DECEDENT'S EDU	ICATION	18a. DECEDENT'S US	UAL OCCUPATION	N	16b. KIND OF B	USINESS/INDUSTR				
E.	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mos stired.)	of working						
COMPLET	12		Bookeeper	r- Spri	nkler Fi	tters- Lo	cal #669	)			
8	17. FATHER'S NAME (First, Middle, Last)			1117	18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)				
BE	John Charles	Smith			Annie		Powe11				
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or To					
	Judy Studds 200, METHOD OF DISPOSITION	les.				Plata,Mar	V				
	1 ABuriel 2 Cremation 3 Rem	noval from State Cen	netary, crametory or other	place)			OCATION — City or				
	21. SIGNATURE OF FURERAL SERVICE L		Gate of ne	22. NAME AN	ADDRESS OF FAC	YTLIC		ing,Maryland			
	► X /////: 1/	Vivall -				Funeral		20904			
$\vdash$	23. PART I. Enter the diseases, or	Complications that sever	d the death De wat	11800	NewHamps	hireAve.S	ilverSpr	ing,Maryland			
	immediate Cause (Finel disease or condition resulting in death)	a. CHRON)	C UBSTRU CONSEQUENCE OF):					Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):										
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	if any, leading to immediate cause. Enter UNDERLYING										
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
H		COUE TO (OR AS A	CONSEQUENCE OF):								
		DUE TO (OR AS A	CONSEQUENCE OF):								
	that initiated events resulting in death) LAST	d	111111111111111111111111111111111111111	the underlying	ceuse given in	Part I. 24a. WAS A	N AUTOPSY :	24b. WERE AUTOPSY FINDINGS			
MEDICAL	that initiated events resulting in death) LAST  PART II. Other significant condition	d	out not resulting in t	the underlying	ceuse given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
MEDICAL	PART II. Other significant condition  C DIFFICILE  25. WAS CASE REFERRED TO MEDICAL	d	out not resulting in t		ceuse given in	PERFO	ORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	PART II. Other significant condition  C DIFFICILE	d	out not resulting in t	26. PL/	CE OF DEATH (Che	PERFO	ORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL	PART II. Other significant condition  C DIFFICILE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	d	out not resulting in t	26. PL/ THER:  Nursing Home F 28c. INJU Y 26. PL/ 26. PL/ 26. PL/ 26. PL/ 26. PL/ 26. PL/ 26. PL/ 26. PL/ 26. PL/ 26. PL/ 26. PL/ 26. PL/ 26. PL/ 26. PL/	CE OF DEATH (Che	PERF( 1   YES	OPMED? 2 (X/NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
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PHYSICIAN: MEDICAL	PART II. Other significant condition  C DIFFICILE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hetural 5 Pending Investigation 3 Suicide 8 Could not be distermined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	d	betient 3 DOA 4  28b. TIME 0 INJURY  At home, ferm, stre-	26. PL/ THER: Nursing Home Fy M 28c. INJU WOR 1	CE OF DEATH (Che 5	PERFORM 1 YES  1 YES  1 YES  28d. Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  to the cause(s) and m	7 INJURY OCCURED ( and Number or Rur	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  No Provided House Number,			
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DHMH-16 Rev 1/89

for STATE REGISTRAR

NI 26 '93

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	- 1	1. DECEDENT'S NAME (First	Middle, Last)								2. OATE OF I	DEATH	Υ.	YEAR	3. TIME OF DEATH	
		Kevin		Matt	hew		Prod	cto:	r		07	18			4:10 P.	i
		4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs	lest birthday)	IF UNDER		IF UNDER		7. DATE OF E	HETH		8. BIRTH	PLACE (State or Foreign	_
-		215-04-95	89	1 🙀 M 2 🗌 F	25	YRS.	MONTHS	DAYS	HOURS	MIN.	5-9-	-68		Mar	yland	
3 should		9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY	TOWN (	OR LOCATI	ON OF DEA	TH		9c. COU	NTY OF DE		
2, 3 s	СТОВ	Route 30:	l nea:	r Route	257		Ne	ewbi	ira				Ch	arle	0.0	
£.	5	RESIDENCE OF DEC	10b, COUNTY			16.5							C11	<u>u                                    </u>		_
CORN	DIREC						Y, TOWN C		TION						10d. INSIDE CITY LIMITS?	
		Maryland 100. STREET AND NUMBER	Cha	rles		IN €	wbu								1 YES 2 NO	
( ) 摩沙/	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 100. CIT							10g. CITI		HAT COUNTRY?					
V	N N	12250 Cra	in Hi				1	$\perp$						USA		_
020 physic buria		1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	NO		f yes, sp	ecify Cube	ın, Mexicen	C ORIGIN? (S	ecify Yea , etc.)	or No—	14. RACE Black	- American Indian, White, etc.	
and the t	BY	3 🗂 Widowed 4 🗌 Divo	rced	IF YES, GIVE W	AR OR DATES	Λ	1	YES	2 X NO	Specify:			- 1	Specif	Black	
21215-0020 al or attending physic for use as the burial	8	15. DEC	EDENT'S EDU	CATION	16a.	OECEDENT'S	USUAL OC	CCUPATIO	ON		16b. KIN	D OF BUS	INESS/IND	USTRY	Didek	_
2121 al or attr for use	<u> </u>	Elementary/Secondary (0	highest grade -12)	College (1-4 or 5 +	-)	(Give kind of life. Do NOT u	work done ( se retired.)	during ma	ast of working	ng						
	COMPL	11th				ainte	enane	ce			San	itaı	v/T	rasl	n Removal	1
YLAND by the hospit be detached at once.	ŏ	17. FATHER'S NAME (First, M	iddle, Last)						16. MOT	HER'S NAM	E (First, Middle					_
at gar	ш	Thomas C	laren	ce Proc	tor,	Jr.			Ma	ry 1	Elean	or :	Chom	psoi	า	
MARYLAND e retained by the hospit s S should be detached notified at once.	TO B	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRESS	(Street e	and Number	or Aurel Ac	oute Number, C	ity or Town	State, Zip	Code)	-	
be re		Thomas C	Pro	ctor. J	r.	12250	Cra	ain	Hig	hway	v. Ne	wbui	. 9	MD	20664	
ORE, 6 may be ctor, page		20a METHOD OF DISPOSITI	ON 3 Parm	oval from State	20b. PLA	CEANODATE	OF DISPOS				OATE			City or Tov		
MOR ge 6 ma irector, p		4 Donation 8 Other	(Specify)	OVER FROM SUITE	St I	Peter	sther place)	hur	ch	7/2	4/93	Wa	1doı	rf.	Maryland	
ALTIM death. Page tuneral dire i.		21. SIGNATURE OF FUNERA	L SERVICE LIC	INSEE (2)						SS OF FAC	LITY					
BALTIMORE, her death. Page 6 may be the funeral director, page wal.		Le	do	1. Cato	MO MO	0191	1 2	060	E A =						1 Home 1D 20608	
Te and all		23. PART I) Enter the	seesea, or o	complications that	coursed the	death Do	not enter	the mo	de of dy	Ing. such	as cardiac	or respir	atory arr	est.	Approximate	_
D o E		ahock, of he immediate cause (fin	ert fallufe.	Liat only one cau	se on each I	line.							-1017 -11		Interval Between	
'' ( ) ( )		disease or condition		Much	215	Du	Mi	प्र							Onset and Deat	tr
executed within and completely o burial, crematic article.		resulting in death)			(OR AS A CON	SEQUENCE O	F):								<del>-</del>	_
68760 cecuted with and comple burial, cre-	z														į	
	은	Sequentially list conditi if any, leading to imme-		DUE TO	(OR AS A CON	SEOUENCE O	F):									_
BOX ficate be ex physician a ne prior to	8	ceuse. Enter UNDERLYi CAUSE (Disease or inju	NG	с											ļ	
certificat nding phy Hygiene p	E	that initiated events		DUE TO	(OR AS A CON	SEOUENCE O	F):									
P.O. ath certificate trending pal Hygien or other	CERTIFICATION	resulting in death) LAS		d												
CORDS, P.O. B( res that the death certificate signed by the attending physical leaith and Mental Hygiene pri vs any injury, or other ti		PART ii. Other significe	nt condition	s contributing to	deeth but no	ot resulting	In the un	deriving	g cause 4	given In D	art i 24-	WAS AN A	MITOBEV	245	WERE AUTOPSY FINDINGS	0
PRE that the and and in in	MEDICAL							acity,	g cause ;	givon in r		PERFORM	AED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	3
O S DE E											-   ¹¾	YES 2	□ NO		OF OEATH?	
AL RE e faw requi has been s Dept. of H	- 1									<u>_</u>	-				1 TYES 2 NO	
/ITAL RI N: The faw red feate has beer State Dept. of Item 23 sh	₹ I	25. WAS CASE REFERRED TO	MEOICAL					26. PI	ACE OF D	EATH (Chec	k only one)					
DIVISION OF VITAL R OR ATTENDING PHYSICIAN: The law re DIRECTOR: After this certificate has bee ours after death with the State Dept. o tem 28 is marked, or item 23 sh	PHYSICIAN:	ENAMINER?		HOSPITAL:	FR/Outnotion	2 □ 004	OTHER	t:			Other (Spi		Hi	ghw	av	
SICIA Certif	Ě	27. MANNER OF DEATH		28e. OATE OF	INJURY	28b. TIM	_	28c. INJ	URY AT		28d. DESCRIE	_			<u> </u>	_
NG PHYS fer this eath with marked			Pending	(Month, Da		INJ	JURY	WO	RK? YES 2 .		Drive				bike/	
DIVISION OR ATTENDING P DIRECTOR: After thours after death Item 28 is mar	BY	2 Outside	nvestigation Could not be	28e. PLACE OF		home, farm,	36 "P				L'ract					_
DIVISION OR ATTENDING DIRECTOR: After hours after death Item 28 is ma	E I	-	letermined	building,	atc. (Specify)	High					Route	vn, State)	1 ne	ear		
DIV OIREC Hours	Ë	29e. CERTIFIER	IEVING PHYSIC	CIAN: To the heat of	- Laboratoria			٠	-:						RC. 257	_
RAL 72 H	COMPLETED			CIAN: To the best of											end manner ee stated.	
HOSF FUNE Withir		29b. MICHATURE AND TITLE				o. investigatio	ni, iii niy oj	pilitori, d				piece, end	que to the	e ceuse(e)	end manner se stated.	_
TO THE HOSPITAL (TO THE FUNERAL DE MENTAL (TO THE FUNERAL DE MENTANT: IT IN	BE	DA DA	· · · · · · · · · · · · · · · · · · ·	18/200						ENSE NUME					Month, Day, Year)	
₽₽₩.	2	30. NAME AND ADDRESS OF	100	COMPLETED CALL	E OF DEATH "	TEM 27 CT	Dejett			D.C.I	M.E.		0	7/1	9/1993	
		MARGARA	0					+~~	o.+	Dal.	t ima		M	. 1	2 2222	
		31. DATE FILEO (Month, Day,	(bar)	32. REGISTRAI	UN 11	r rei	111 2	гте	el,	DdT	LIMOI	e, I	wary	riano	d 21201	_
		.#1 26		32. REGISTRAI	Davidson	n-Rande	EL.									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

OHMH-16 Rev 1/89

J. 2

...

8. BIRTNPLACE (State or Foreign

New Jersey

10d. INSIDE CITY

1XXVES 2 NO

YEAR

9c, COUNTY OF DEATH

Talbot

USA

10g. CITIZEN OF WNAT COUNTRY?

3. TIME OF DEATH

12:30 PM W

HAZEL

A SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

BELL

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

4

DAY

Ĩ993

2. DATE OF DEATH

7. DATE OF BIRTH

PADDOCK

5. SEX

14. RACE — American Indien, Black, White, atc. white Newark, N.J. Hospital For Women & Children 20c. LOCATION - City or Town, State **Approximats** Onset and Dasth

marked, After t BY DIRECTOR: A hours after di S COMPLETED FUNERAL within 72 h MPORTANT: If BE 물물

223

9

2 Accident

4 Homicide

Kobe

JUL 07

6 Could not be

29b. SIGNATURE AND TITLE OF CERTIFIER

1993

determined

3 Suicide

Salisbury, Newnam Funeral Home, P.A. Harrison St., Easton 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 THO OF DEATH? 1 YES 2 NO ng Home 8 Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF 1 YES 2 NO 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD 6 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 508 anz 32. REGISTRAR'S SIGNATURE Savidson-Rondoff **DNMN-16 Rev 1/89** 

		mit 200 1.2,8 hourd	が一般で
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit per 1, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit from the State Dept. of Health and Mental Hypiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND C	DEPAR	TMEN	T OF H	EALTH DEAT	AND I	MENT	AL HYGIEN	F -	3	22110
	1. DECEDENT'S NAME (First, Mi	iddie, Last)									TE OF DEATH			3. TIME OF DEATH
	A jit Kuman.	P	POPLAT								July	199	3	2:10 P M
	4. SOCIAL SECURITY NUMBER 214-82-6643		5. SEX 1 🔯 M 2 □ F	6. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DA	TE OF BIRTH onth, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign
	9a. FACILITY NAME (If not institu			07	YRS.		17.7	925		Ma	onth, Day, Year)		Ind	
æ							, TOWN O	R LOCATI	ON OF DE	EATH		9c. COUN	ITY OF D	PEATH
DIRECTOR	Dactars Car	DENT	y Hospi	tal		Lan	ham					Pri	nce.	George's
<b>E</b>		Desi -		. 1			OR LOCATE	ON						10d. INSIDE CITY
8.	Maryland	Prince	e George	e s	Lanham						1 🔀 YES 2 🗌 NO			
FUNERAL	8634 Braebro	ok Dr			101. ZIP CODE 20706						10g. CITIZEN OF WHAT COUNTRY?  India			
N.	11. MARITAL STATUS		12. WAS DECEDEN	T EVED IN II C A										
	1 Never Married 2 Ma	rried		YES 2 X			If yes, spe	cify Cuba	n, Mexica	n, Puerl	GIN? (Specify Yes to Rican, atc.)	or No-	Black	E — American Indian, k, White, etc.
BY	3 🔀 Widowed 4 🗌 Divorce	d		AIT OIL DAILES			1 TYES	XNO	Specify	γ:			Spec	"Asian-India
TED		15. DECEDENT'S EDUCATION (Specify only highest grade completed)				work done	CCUPATION during mos	N t of worldr	10	1	166. KIND OF BUS	SINESS/IND	USTRY	
LE I	Elementary/Secondary (0-12)		College (1-4 or 5 a	) "	Do NOT u	se retired.)					1			
COMPLET	17. FATHER'S NAME (First, Middle	e (est)	8	100	mpute	EL AII	arys		LEDIO MA		WAshing		Post	
ECC		up Pop	lai						hant		t, Middle, Maiden Dua	Sumame)		
00	19a. INFORMANT'S NAME (Type)	(Print)		1	9b. MAILING	ADDRESS	S (Street an				imber, City or Town	n, State, Zip	Code)	
2	Anil Z. Po	plai			8305	Cow	an A	ve.	Bow	vie.	MD 20	1720		
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation	3 🗆 Ramovi	al from Stata	20b. PLACE cemetery, ci	AND DATE	OF DISPOS	ITION (Nen				ATE 20c. LO	CATION - C		
	4 Donation 5 Other (Sp 2L SIGNATURE OF STREET ST		mere /	Gate	Of He	eaver	n Cem				93 S11	ver S	Spri	ng, MD
	A.d	1	W/	/,		F	NAME AND	on/1	Hale	F	uneral	. Hom	ne .	
$\vdash$	Julya	me	1 Jun			9	013	Anı	napo	oli	s Rd.,	Lanh	am,	MD 20706
		t failure. Lis	noisetions that only one cau	t caused the d se on each lin	eath. Do i	not enter	tha mod	a of dyl	ng, such	h aa ci	erdiac or respi	ratory arre	eat,	Approximata interval Between
										Onset and Death				
	reaulting in death)	A.,		OR AS A CONSE		_			100		1			
z		<b>6</b> b	Ac	MTE	_	140	DCAN	20	(A)		IMF	-A12	LCY	WAS
일	if any, leading to immediat	pentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
길	cause. Enter UNDERLYING CAUSE (Disease or injury	۵.		OR AS A CONSE			DY	- [						
CERTIFICATION	that initiated events resulting in death) LAST		121	ENCA			121	(FF	=r C		= MCY	/		
8	PART II Other elegificant	onnditions .	annedbuston to	darah basa asa								7		
g	PART II. Other significent	CONGRIDES	contributing to	deeth but not	reaulting	in the un	deriying	cause g	iven in I	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI										_	1 - YES 2	MNO		OF DEATH?
										_				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER?						26. PLA	CE OF D	EATH (Che	eck only	one)			
Š	1 TES 2 NO		IOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		5 🗆 Re	sidence	6 🗆 Ot	her (Specify)			
PH	27. MANNER OF DEATH  1 Netural 5 Pen		28a. DATE OF (Month, De		26b. TIM	E OF JURY	28c. INJU	RY AT K?		28d. D	EŞCRIBE HOW II	NJURY OCC	URED	
B		ding stigation				М		S 2	NO NO					
CD ED	3 Suicide 6 Cou	ild not be	28e. PLACE Of building,	F INJURY — At h mtc. (Specify)	ome, farm,	street, fact	ory, offica			261. LC	CATION (Street a ty or Town, State)	and Number o	or Rumi R	Route Number,
9	29a. CERTIFIER	DIO BUYOLO	MILE PRINCIPAL		De viu		<u> </u>	-		-				
COMPLETED			N: To the best of On the besis of ex											) and manner as stated.
BE (	29b. SIGNATURE AND TUTLE OF	CERTIFIER		1	_			29c. LICE	NSE NUM	IBER		29d. DATE	SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PE	RSON WHO	COMPLETED CAUS	E DE DEATH OT	10	Defeat)		D	7	-36	-6	> 7	13	293.
	7100	Bulf	imen	L Av	e #	-50	9,	Cc	lle	Se	Perla	and	20	740,
	31. DATE FILED (Month, Day, Year,	<b>199</b> 3	32. REGISTRAI	A'S SIGNATURE	-Rande	ue_								

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JUL 1 3 1993

32. AggisTRAR'S SIGNATURE a Davidson-Randall

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TEGISTIBIL			ICATE OF	DEATH	REG. NO.					
(8)	1. DECEDENT'S NAME (First, Middle, Last)			PINKNEY n knew		2. DATE OF DEATH MONTH DA	Y - 9 2 YEAR	3. TIME OF DEATH			
		5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	/-	THPLACE (State or Foreign			
	217 40 3333	1 M 2 - F 4		MONTHS OWYS	NONTHE DIPS HOURS MIN. (Month, Day, Year) 3/4/46			WASHINGTON DC			
0.00	9a. FACILITY NAME (If not institution, give stre	eet and number)	96. CITY, TOWN	OR LOCATION OF OE	ATH	9c. COUNTY OF DEATH					
DIRECTOR	RESIDENCE OF DECEDENT	VE	FOR	ESTVILLE		PRINCE GEORGES					
12	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION		10d. INSIDE CITY				
	MD PRINC	UPI	PER MARL	BORO		1 A YES 2 NO					
AL	10e. STREET AND NUMBER	-	10	. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	9102 LINCOLN AVE				20772		UNITED STATES				
5		12. WAS DECEDENT EVER I FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN	tC ORtGIN? (Specify Yes	or No- 14. RA	CE — American Indian, ick, White, etc.			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	ATES	1 TYES	2 NO Specify	, Puerto Rican, etc.)	Sp	Specify: BLACK				
	15. DECEDENT'S EDUCA	ATION	16a, DECEDENT'S	USUAL OCCUPATION	NC NC	16b. KIND OF BUS		DLACK			
	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of the Do NOT us	vork done during mo	st of working	DEPT OF 1		TORKE			
COMPLETED	10	Conege (I-4 or 5+)	LABOR	RER		P.G. COI		IOKKS			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Malden					
	WILLIAM HENRY PINE	KNEY			1	IARY FORBES					
) BE	19a. tNFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street a	nd Number or Rural R	oute Number, City or Town	r. Stete. Zip Code)				
임	SUSIE M FORBES CHA	APMAN				R MARLBORG		172			
- 1	20a. METHOD OF DISPOSITION	201	PLACE AND DATE	OF DISPOSITION /Na	me of		CATION — City or				
1 Surial 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) RESURRECTION CEMETERY 7/15											
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				POPE FUNE	AT HOME	1,770,50			
	* Clark &	Am. C	1 ~		7 PA AVE	SE WASH		—MD859 1020			
	23. PART I. Enter the diseeses, or co	mplications that cause	the deeth. Do r					Approximate			
	shock, or heart fellure. LI IMMEDIATE CAUSE (Finel	ist only one cause on e	ach line.					Interval Between			
	disease or condition	Diabetie a	utmer	alling	u car	didvase	ulas 1	Onset and Death			
	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF	F):			- a	mar.			
Z	equentially list conditions b										
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING										
5	CAUSE (Diseese or Injury C.	DUE TO (OR AS A	CONSEQUENCE OF								
Ē	that initiated events resulting in deeth) LAST	DUE TO (ON AS A	CONSEQUENCE OF	-):				i 1			
CE	d.										
	PART ii. Other significent conditions	contributing to deeth b	ut not resulting i	n the underlying	ceuse given in l	Pert I. 24a. WAS AN A		WERE AUTOPSY FINDINGS			
EDICAL	Dahi zaylisa	enia, a	defen	ly		1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME								1 YES 2 NO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)					
YSI	1 VES 2 NO	1 Inpetient 2 I ER/Out	estient 3 🗆 DOA	OTHER: 4   Nursing Hom	5 Presidence	B Other (Specify)					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	RK?	28d. DESCRIBE HOW th	JURY OCCURED				
BY	2 Accident Investigation	28a. PLACE OF INJURY	- At home form of		ES 2 NO						
COMPLETED	3 Suicide 8 Coutd not be 4 Homicide determined	building, etc. (Spec	effy)	treet, tectory, onic		28t. LOCATION (Street at City or Town, State)	nd Number or Run	Route Number,			
29a. CERTIFIER (Check only 1 CERTUFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se attend.											
M	(Check only one) 2 MEDICAL EXAMINER:							(s) and manner as stated			
	39h. BIQUATURE AND TITLE OF CERCUPIERS	0			20c. LICENSE NUM						
8	Lugarts P)	Paul Wor	MM		Z/2/2	37	DATE SIGNE	D (Month, Day, Year)			
2	30. HAME MIC ADDRESS OF PERSON WHO	COMPLETED/DAUSE OF DE	ATH (TEM 27) (1900.	Print)	5 11 1	00	/	1207/18			
		# 1 1/				A					

2	(	permit. Pages 1 2 s.gr. 77	5	AL DIRECTOR
	MARYLAND 21215-0020	retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1	notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MAR				F HEALTH AND	MENTA	AL HYGIEN		3	22720	
1. DECEDENT'S NAME (First	t, Middle, Last)						2. DAT	E OF OEATH	AY		3. TIME OF OEATH	
ANTHONY		P.F.	AYNE,	JR.			0 7	03	199	3	11:05	
4. SOCIAL SECURITY NUM	BER	5. SEX 6.	AGE (In yrs. les		IF UNDER 1 YE		7. DAT	E OF BIRTH oth, Day, Year)	0 11	8. BIRT	HPLACE (State or Foreign	
577 04 8460	)	1 M 2 - F	25	YRS.	KONTHS DAT	YS HOURS MIN.		/02/68			ashington.D.C.	
9a. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CITY, TOV	WN OR LOCATION OF	DEATH		9c. COU	NTY OF	DEATH	
PRINCE OF DE		S HOSPITA	AL.		CHEV	ERLY			PR	INC	E GEORGE	
10a. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR LO	DCATION					10d. INSIDE CITY LIMITS?	
NA	NA WASHINGTON, D.C.						1 X YES 2 NO					
100. STREET AND NUMBER						101, ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?	
4004 D Stre	et, S.	Е.				20019			UNIT	ED	STATES	
11. MARITAL STATUS  1. Never Married 2   3  Widowed 4 Dive	lever Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)  FYES, GIVE WAR OR DATES  1 YES 2 NO Specify:						Spec	14. RACE — American Indian, Black, White, etc. Specify: BLACK				
15. DEC	CEDENT'S EDU	CATION (COMPRISED)	16a. DE	CEDENT'S U	SUAL OCCUP	PATION	16	b. KIND OF BU	SINESS/INC	USTRY		
Elementary/Secondary (	1	College (1-4 or 5+)		DO NOT USO  INTENA		g most of working	P	RIVATE				
17. FATHER'S NAME (First, M	fiddle, Last)					18. MOTHER'S N	IAME (First,	, Middle, Maiden	Surname)			
ANTHONY PA	YNE, SR	۲.				LAJOHNN	E AN	THONY				
19a. INFORMANT'S NAME (			19	b. MAILING A	DDRESS (Str	set end Number or Bura	l Route Nui	mber, City or Tow	n, State, Zip	Code)		
LA JOHNNE A	NTHONY	(MOTHER)		928 0	Stree	t,N.W. Wa	shin	gton. 1	).C.	2000	01	
20e. METHOD OF DISPOSIT	on 3 🗆 Rem	oval from State	20b. PLACE	AND DATE OF	DISPOSITION		OA	TE 20c. LO	CATION —	City or T		
21. SIGNATURE OF REMERLE	1.	Porch	м8.	59	22. NAM ALE 553	E AND ADDRESS OF F XANDER S. 8 MARLBOR	POP O PI	E FUNEI	RAL H	OMES		
23. PART i. Enter the dishock, or himmediate cause (Fidiseese or condition resulting in death)	aart failure.	sDUE TO (OR	AS A CONSE	ouence of:	t anter the	mode of dying, su	ch es ce	DUM	ds	rest,	Approximate interval Betwee Onset and De	
Sequentisity list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	dista ING ury	C	AS A CONSE									
PART II. Other significa	ant condition	ns contributing to dee	ath but not	resulting in	tha under	lying cause given in	n Part I.	24a. WAS AN PERFOI YES 2	RMED?	24	b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL					8. PLACE OF DEATH (C	check only	one)				
1 X YES 2 □ NO		HOSPITAL: 1   inpetient 2   XER	/Outpatient 3		OTHER:	Home 5 - Residence	6 - Ott	her (Specify)				
27. MANNER OF DEATH		28e. DATE OF INJ (Month, Day, Y		28b. TIME	OF 28c	. INJURY AT WORK?	28d. D	ESCRIBE HOW	NJURY OC	CURED		
1 Netural 5 2 Accident	Pending Investigation	07-03-		10:	OF 28c	YES 2 NO	SU	BJECT	WAS	SH	OT	
2 Culate	Could not be datermined	28e. PLACE OF IN building, etc.	(Specify)		eet, factory,	office	28f. LO Cit 24	CATION (Street by or Town, State)			Route Number, SH , DC	
29e. CERTIFIER	TIEVING BUILD	IOLAN TO IN THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST									OII, DC	
(Check only		ICIAN: To the best of my									(e) end manner ee stated	
296. SIGNATURE AND TITLE	OF CERTIFIE	R / O	h.	$\wedge$		29c. LICENSE NO			29d. DAT	E SIGNE	O (Month, Day, Year)	
( la	w	- Work				O.C.M	I.E		<b>&gt;</b> 0	7-0	4-1993	
100										. 0		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** 

1993

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Paul Care, MO 111 Penn Street, Baltimore, Maryland 32. REGISTRAR'S SIGNATURE a Davidson-Randall

DHMH-18 Ray 1/89

2120

B.

31. DATE FILED (Month, Day, Year) JUL 1

Sherer

4 1993

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 92. FACILITY NAME (II not institution, give street and number) 93. FACILITY NAME (II not institution, give street and number) 94. STATE 95. STATE 96. COUNTY 97. DATE OF BIRTH (Month, Pey, Year) 96. CITY, TOWN OR LOCATION OF DEATH SILVER SPRING 96. COUNTY OF DEATH MONTGOMER 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109	CE (State or Foreign
4. SOCIAL SECURITY NUMBER  578 - 70 - 3100  1 M 2 D F  42 YRS.  6. AGE (In yrs. last birthday)  4. SOCIAL SECURITY NUMBER  578 - 70 - 3100  1 M 2 D F  42 YRS.  6. AGE (In yrs. last birthday)  42 YRS.  6. AGE (In yrs. last birthday)  43 YRS.  6. AGE (In yrs. last birthday)  44 YRS.  6. AGE (In yrs. last birthday)  45 DAYS  46 HOURS  47 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48 HOURS  48	CE (State or Foreign
99. FACILITY NAME (If not institution, give street and number)  HOLY CROSS HOSPITAL  RESIDENCE OF DECEDENT  100. STATE  100. COUNTMONTGOMERY  MD Md MONTGOMERY  SILVER SPRING  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  SILVER SPRING  100. CITY, TOWN OR LOCATION  SILVER SPRING	-MGIUN,
	I U
	VI
Total STREET AND NUMBER  101. STREET AND NUMBER  102. CITIZEN OF WHAT  103. CITIZEN OF WHAT	LIMITS?
1 10073 11MACIST 1) VE 20402 20402 105/7	COUNTRY?
3 Wildowed 4 Divorced  IF YES, GIVE WAR OR DATES  1 YES 2X NO Specify:  Specify:  BT.A.C.	
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	
(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  12th GRADE  (Give kind of work done during most of working life. Do NOT use retired.)  MANAGER (STORE)  PRIVATE	
12th GRADE MANAGER (STORE) PRIVATE  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surname)	
LIESSTE M. MARCUS	
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  100. 100. 100. 100. 100. 100. 100. 100	
JESSIE M. MARCUS 10853 AMHERST AVE #202 SILVER SPRING, MD.	
20s. METHOD OF DISPOSITION  1 X Burlel 2 Creghetton 3 - Seminary of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disposition (Name of carried property) of puber Disp	State
21. SHONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHNSON &JENKINS	TNC
716 KENNEDY ST. N.W. W.D.C. 2001	
23. PAPIT i. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardisc or respiratory errect	Approximate
MANETA TE CAUSE (FILE	interval Betwee
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32. REGISTRAR'S SIGNATURE
Asha Davidson-Randall

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAI CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) WOOL		DER	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 214-16-5764	5. SEX  6. AGE (In yrs. last birthday)  1 1 7 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)				
OR	90. FACILITY NAME (If not institution, give DOK, BEN,	street and number) HOSP,	9b. CITY, TOWN OR LOCATION OF I	DEATH 9c. COUNT	Y OF DEATH				
DIRECTOR	10e. STATE 10b. COUNT	10c. CI	ry, town or Location		10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	NRA	101. ZIP CODE	10g. CITIZE	1 / YES 2 NO				
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	If yes, specify Cuben, Mexic	en, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc.				
ED BY	3 Wildowed 4 Divorced		1 YES 2 NO Spec	16b. KIND OF BUSINESS/INDUS	Specify: BLK				
COMPLET	(Specify only highest grade	College (1-4 or 5+)  College (1-4 or 5+)  (Give kind of life. Do NOT u	work done during most of working	is an and a sount sound so					
BE CON	17. FATHER'S NAME (First, Middle, Last)	PINDER	18. MOTHER'S N	AME (First, Middle, Maiden Sumeme)	WLY				
10 8	190. INFORMANT'S NAME (Typogriff) ELSIE N;	PINDER 2/5/	ADDRESS (Street and Number or Rural HUDSON	Route Number, City or Town, State, Zip Co	ML216/3				
	20a. NETHOD OF DISPOSITION 1 District 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cemetery, crematory or or	of DISPOSITION (Name of other place)	DATE No. LOCATION CH	y or Town, State  MAL 2 1/a/2				
	21. SIGNATURE OF FUNERAL SERVICE U	Books	22. NAME AND ADDRESS OF F	ACILITY /	-1613				
	23. PART I. Enter the diseeses, pr	complications that coused the deeth Do	not enter the mode of dying, su	ch as cerdiec or respiratory erres					
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	· acute (D) Ke	nepral en	farct.	Interval Between Onset end Death				
NO	DUE TO (OR AS A CONSEQUENCE OF):  Cerebrul Ellema with Remealialon  Sequentisity list conditions,								
-ICATI	if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE O  DUE TO (OR AS A CONSEQUENCE O	) Kepus	in Rener	sin				
CERTIFICATION	that initiated events resulting in death) LAST	d	T):						
AL	PART ii. Other significent condition	ns contributing to deeth but not resulting	in the underlying ceuse given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
4: MEDIC				1   YES 2   NO	OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	heck only one)					
HYS	1 YES 2 NO 27. MANNER OF DEATH	inpatient 2 ER/Outpatient 3 DOA  28e. OATE OF INJURY 28b. TIM	4 Nursing Home 5 Residence						
ВУ Р	1 Netural 5 Pending 2 Accident Investigation		E OF URY WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUP	RED				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, ferm, building, etc. (Specify)	street, lectory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE	ICIAN: To the best of my knowledge, death occurrence.  Con the basis of examination end/or investigation.	ed at the time, date end place, end due on, in my opinion, death occured at the	to the cause(s) end manner as stated.	euse(s) end menner es stated.				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE		29c. LICENSE NU		IGNED (Month, Day/Year)				
2	30. NAME AND ADDRESS OF PERSON WH	HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type		08	124/83				
	31. DATE FILED (Month, Day, Year)	32. WEGISTRABUS SIGNATURE Scha Davidson-Randa MA	Byrn Street (	monide	M1021613				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be der be filed within 72 hours after death with the State Dect of Health and Mental Haviere notor to burial companion or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEI		4280
	1. DECEDENT'S NAME (First, Middle, Last)	Powe	11			2. DATE OF DEATH	J	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	20	BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, glyg street and number)  9e. COUNTY OF D  9c. COUNTY OF D							
TOR	ANNE A	runde C	enter	AWI	(Afol	15/Md	A	4 Co
DIRECTOR	Maryland Anne	Arundel	10c. CITY	TOWN OR LOCAT	rion erna Par	· lr	<u>.                                    </u>	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	AL GIRGEL			ZIP CODE	V	10g, CITIZEN	1 YES 2 NO
FUNERAL	404 Grinstead Roa				2114	6		U.S.A.
BY FU	11. MARITAL STATUS 1  Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D		If yes, sp	ecify Cuban, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
0	15, DECEDENT'S EDI	UCATION	16a, DECEDENT'S I	JSUAL OCCUPATION	ON	16b. KIND OF BU		aucasian
COMPLETED	(Specify only highest grad	College (1-4 or 5+)	life. Do NOT use		st of working			
NG.	12+ 17. FATHER'S NAME (First, Middle, Last)		Engineer	<u> </u>				of Energy
BE C	James L. Powell,	Sr.			Johnni	ME (First, Middle, Malder		
5	190. INFORMANT'S NAME (Type/Print)  Mrs. Dorothy Power	211			nd Number or Rural I	Route Number, City or Tow I. Severna		
	20a. METHOO OF DISPOSITION 1\( \subseteq \subseteq \text{Burial}  2 \subseteq \text{Cremation}  3 \subseteq \text{Ren}	206	PLACE AND DATE O	F DISPOSITION (Na			CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE U	A []	Maryland	Veteran	s Cemete	rly 7-24 (	Crownsy	rille, MD
	James 1	ZVIZM	amo	Bar		Sons Funer		
	23. PART I. Enter the diseases, or	complications that coused	the death. Do no	ot enter the mo	RITCHIE de of dying, suci	h as cardiac or read	erna Pa	rk, MD 21146
	Index, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on e	ech line.			ic agin		Interval Between Onset and Death
	losaling in death)	DUE TO (OR AS A	CONSEQUENCE OF	):				
RTIFICATION	Sequentielly list conditions, if any, leading to immediate	D. OUE TO (OR AS A	OUE TO (OR AS A CONSEQUENCE OF):					
SE	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	CDUE TO (OR AS A	CONSEQUENCE OF	:				
CERI	resulting in deeth) LAST	d						
4	PART II. Other eignificent condition	ns contributing to deeth b	ut not resulting in	the underlying	cause given in			24b. WERE AUTOPSY FINDINGS
MEDIC						1 TYES		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Che			
Sic	EXAMINER?	HOSPITAL:		OTHER:				
РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJU	JRY AT	8 Other (Specify)  28d. DESCRIBE HOW	NJURY OCCUR	ED
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	เทาก		PES 2 NO			
8	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, tactory, office		28f. LOCATION (Street City or Town, State)	and Number or F	tural Route Number,
E I	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowl	ladge death converse	I at the time date			-1	
COMPLET	(Check only one) 2 MEDICAL EXAMINI	ER: On the basis of examination	n and/or investigation	, in my opinion, de	and place, and due	to the cause(a) and ma time, data and placa, ar	nner se stated. nd due to the ca	suse(a) and manner as stated.
BE	29b. SIGNATURE AND THE OF CENTIFIE	9	fu DA	MUCH	29c. LICENSE NUM	IBER	29d. OATE SIG	GNEO (Month, Day, Year)
F	OLDER PIPE	A THE OF DE	4/1					
Ţ	900 BESTEN  31. DATE FILED (MONTH, DEK, YOUR)	FIZ ROSTRAR'S SIGN	MINI		1) m	0 214	01	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR  1. DECEOENT'S NAME (First, Middle, Las		C	ERITER	CATE U	F DEATH	1	ITAL HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Las MARVIN	η P.	PEI	ELE,	TT			ATE OF DEATH	AY	YEAR 3. TIM	E OF DEATH
	4. SOCIAL SECURITY NUMBER		5. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER 24	7	2.2 ATE OF BIRTH			:40 P
	579-58-1904	1 XM 2 - F	48		MONTHS DAYS		MARKA (	Month, Day, Year)			
	92. FACILITY NAME (If not institution, give SOUTHERN MA		OSPITZ			OR LOCATION			9c. COUNT	Y OF DEATH	
	RESIDENCE OF DECEDENT								I IXI	NCL G	LONGE
		rince George's Clinton						L	NSIDE CITY IMITS? YES 2 NO		
LONEHAL	10e. STREET AND NUMBER					IOI. ZIP CODE			10g. CITIZE	N OF WHAT C	
JAE.	8601 Sumter Lan	20735 U.S.A.									
	1 Never Married 2 Married 3 Wildowed 4 Divorced	EVER IN U.S. AI YES 2 X R OR DATES	NO It yes, specify Cuban, Maxican, Puerto Rican, at					Yea or No- 14. RACE — American Inc. Black, Whita, atc. Specify: White		i, atc.	
	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	/(0	ive kind of wo.	SUAL OCCUPA rk done during i	TION nost of working		16b. KIND OF BU	and some some		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Carpen				Carpentry			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	'S NAME (F	rst, Middle, Maiden				
2	Marvin P. Peele  19a. INFORMANT'S NAME (Type/Print)		100					Johnson			
2	Bertha Janof		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1428 Knight Ave. Dunkirk, Md. 20754								
	20a, METHOD OF DISPOSITION 1 DE Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Ton										
	4 Donation 5 Other (Specify)		Cedar	Hill				5/93 Sui	tland	, Mary	land
	23. PART I. Enter the diseases, or	K Ka	rlax	)	Geo 616	0 Oxon	Kala Hill	s Funera Rd. Oxo	n Hil	1. Md.:	20745
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									nterval Betwe Onset and De	
Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICAL	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	c	R AS A CONSE	OUENCE OF):							
MEDICAL	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	d.	eeth but not i	esulting in			en in Pert	24s. WAS AN PERFOR	MED?	AMILA	BLE PRIOR TO ETION OF CAUSE
	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent condition ARTERIOSCLER  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ons contributing to de	O I O V A S	esulting in	R DIS			PERFOR	MED?	COMPL	BLE PRIOR TO ETION OF CAUSE
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1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	OFCEDENT'S NAME (First Middle Leat)		

	REGISTRAR		CE	:KIIIF	ICALE	OF	DEATH		REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last	)						2. DATE OF MONTH	DEATH DA	NV.	YEAR	3. TIME OF DEATH	
	ROGER I.	EE REED						JULY		3, 19		8:45 p W	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. les	birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF	BIRTH		6. BIRT	HPLACE (State or Foreign	
	232-78-5162	1 🔀 M 2 🗌 F	44	YRS.	MONTHS	DAYS	HOURS MIN.	Feb.	10.	1949	Sis	sonville, WV	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF CEATH							
۳ ا	MALCOLM GROW USA	F MEDICAL	סשייואשי		A NTD	ANDREWS AFB, MD					PRINCE GEORGES		
DIRECTOR	RESIDENCE OF DECEDENT	TIEDICAL	PENTER		AINL	KEW	S AFB, M	D		PKIN	CE G	EURGES	
) W	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OF	R LOCAT	ION					10d. INSIDE CITY	
ā	Alaska	Southeast		De:	lta J	unc	tion					LIMITS?	
뒫	10e. STREET AND NUMBER					101	ZIP CODE			10g. CI1	IZEN OF	WHAT COUNTRY?	
FUNERAL	P. O. Box 44						99737			II	S.A.		
3	11. MARITAL STATUS	12. WAS DECEOENT	EVER IN U.S. ARI	WED	13. W	AS DEC	ENDENT OF HISPAN	IC OBIGINS A	Specify Vee			E American Indian	
	1 Never Married 2 Married	12. WAS DECEOENT FORCES? 1 [2]	YES 2 N	0	lf.	yes, sp	ecify Cuben, Mexical	n, Puerto Rica	in, etc.)	01110		E — American Indian, k, White, etc.	
ΒY	3 Widowed 4 Divorced	11 720, 0172 100	ON DATES		1	☐ TES	2 KM NO Specify				Spec	White	
	15. OECEDENT'S ED	UCATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON	18b, KI	ND OF BUS	SINESS/IN	DUSTRY	WILLE	
	(Specify only highest gred Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	ve kind of a Do NOT us	work done du se retired.)	uring mo	st of working						
릴	12		Sta	aff :	Serge	ant		1	inite	d St	ates	Army	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA				4000	HEMY	
<u></u>	Joseph B. Re	ed						≥ A11i			ne		
BE	19e. INFORMANT'S NAME (Type/Print)		194	MAILING	ADDRESS	(Ctonal o	nd Number or Rural F						
5	Connie J. Bean												
												rginia 25320	
	20a METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Ref	noval from State	20b. PLACE A cemetery, crer	natory or o	ther place)			OATE	20c. L.O				
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSES \	Atwoo	od Ke	ed C		D ADDRESS OF FAC		Sis	sonv	ille	, W.V.	
	/	(/,)					H GAWLER		MC T	NC	Sec.		
	Lea!	Haniel	26		51	130	Wisc. Av	e., N	W Wa	ish.	DC	20016	
	23. PART i. Enter the diseases, or shock, or heart feliure	complications that of	aused the de	th. Do r	not enter t	he mo	de of dying, such	as cerdied	or respi	retory ar	rest,	Approximate	
	IMMEDIATE CAUSE (Fine)	. Clar only one couse	on eech line.									Interval Between Onset and Death	
	disease or condition resulting in death)	. CARDIOP	III.MONAR	Y FA	TIJIRI	F							
i	resoluting in death)		R AS A CONSEQ										
z		NON-SMA	LL CELI	. MEG	ASTA	TTC	LUNG CAN	CED					
은	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEC	UENCE O	F):	110	DONG CAL	OLL					
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c. LIVER O	BSTRUCT	CION	'FAILI	URE	WITH HER	PATTC	FNCFI	рилт (	וידי א כדר	JV	
E	that initieted events	DUE TO (O	R AS A CONSEO	UENCE O	F):		***************************************	11110	LIVOL	- LICALIA	JIAII	1	
토	resulting in death) LAST	RENAL I	NSUFFIC	CIENC	ĽΥ							!	
EDICAL CERTIFICATION	PART II Other classificant and disc												
₹	PART II. Other algnificant condition	ns contributing to di	eth but not re	auiting	n the und	lerlying	ceuse given in	Part i. 24	a. WAS AN . PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ŏ								1	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?	
								_				1 YES 2 NO	
PHYSICIAN: M													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001111					ACE OF DEATH (Che	ck only one)					
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Ŧ	27. MANNER OF OEATH	28e. DATE OF IN (Month, Day,	JURY Year)	28b. TIM		28c. INJ		28d. DESCR				2110 1110	
BY	1 Netural 5 Pending 2 Accident Investigation	(month, stay,	louiy	1140	M		ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF I building, etc	NJURY — At hor	ne, farm, s	treet, factor	ry, office		26f. LOCATIO	ON (Street a	nd Numbe	r or Rural I	Route Number,	
巴	4 Homicide determined	bollong, etc	(apecity)					City or Ti	own, State)				
COMPLETED	29a. CERTIFIER 1 X CERTIFYING PHYS	SICIAN: To the best of my	hamiladas de	W. L	%								
\$ I	(Check only one) 2 MEDICAL EXAMIN	ER: On the basis of exam	inetion and/or is	un occum	o in my and	10, Clata	and place, end due	to the cause(	e) end men	ner se ata	ted.		
8		$\overline{}$	milettorr anturor ii	nvanigatio	n, an my opi	mion, o	eath occured at the	time, date and	i place, and	d dua to ti	ne cause(e	e) end manner ee stated.	
B	296 SIGNATURE AND TITLE OF CENTIFE		1				29c, LICENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)	
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- 1	30. WAME AND ADDRESS OF PERSON W			27) (Туре,	Print)	MAI	COLM GRO	W USA	F MEI	CT	4		
	VIBIAN L. PADEN,	MAJ, USAF	, MC				DREWS AFE				./		
	31. DATE FILEO (Month, Day, Year)	22. REGISTRAR	SIGNATURE					-					
	JUL 2 1 1993	Julia David	son-Hand	ماتك									



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	<b>IFICAT</b>	E OF	DEATH	R	EG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF E	DEATH			3. TIME OF DE	ATH
Kathryn	L. Roe	K Kath	nryn L	. Roc	k	MONTH 7/	11.7		YEAR P35	2:300	Ann
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthe			IF UNDER 24 HRS.	7. DATE OF B	нтан		-	IPLACE (State or	
579 14 2794		71 YF		B DAYS	HOURS MIN.	Oct 6	1921		Wasi	nington	
90. FACILITY NAME (If not institution, give in Rockville Nursin PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Montg			Rockville Montgo								
RESIDENCE OF DECEDENT									0		
10a. STATE 10b. COUNT				OR LOCATIO	M					10d. INSIDE CIT	ľY
Maryland Montg	omery	Ro	ckvil	Lle						1 TES 2	<b>∑</b> NO
100. STREET AND NUMBER  14212 Arctic  11. Marital Status				10f. 2	ZIP CODE			10g. CITIZ	ZEN OF V	VHAT COUNTRY?	
14212 Arctic								U.S	.A.		
11. MARITAL STATUS	12. WAS DECEDENT EVE		13		NDENT OF HISPAI			or No-	14, RACE	— American Inc	dian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y				Ify Cuben, Mexica ZEINO Specifi		i, etc.)		Speci	k, White, etc. Hy: Casian	
		16a, DECEDE	NT'S USUAL	OCCUPATION the during most	of working	16b, KIN	D OF BUSE				
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Chief		,		Bure	eau o	of St	anda	ards	
17. FATHER'S NAME (First, Middle, Last)		0202			18. MOTHER'S NA						
Frederic W. Bards	1ev				Lulu Am			,			
D TO INFORMATION NAME (Tour Dide)	10,	19b. MAJ	LING ADDRES		Number or Rural			State Zin	Code)		
Frederic W. Bards	low WW III				t., Arl					2205	
20a. METHOD OF DISPOSITION	T	20b. PLACE AND D	_			DATE		ATION — C			
1 🔀 Buriel 2 🗌 Cremation 3 🗆 Rem	lovel from State	cametery, crematory	or other place	e)		DATE					
	1 M Burlel 2   Cremation 3   Removal from State   Cametery, crematory or other place										
H	R		A	Arling	ton Fun	eral H				00	000
23. PART I. Enter the diseases, or	7 403 18	ecchy			. Fairf					Approxit	_
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  DIABETES MELLITUS  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  AUDIC BUENCE OF SCALL ARE ACCUMENT  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	ne contributing to deat	h but not result	ing in the u	underlying	ceuse given in		WAS AN A PERFORM	MED?	24b	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?	R TO
						_				1   YE\$ 2	NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			-	CE OF OEATH (Ch	neck only one)					
1 TES 2 N-NO	1 Inpetient 2 ER/C	Outpetient 3 🗆 DC	A 4 5 No		5 🗆 Residence	6 Other (Sp	ecify)				
	26s. DATE OF INJUI (Month, Day, Yes		TIME OF INJURY	28c. INJUI WORI	RY AT K? S 2 NO	28d. DEŞCRIE	BE HOW IN	JURY OCC	UREO		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, fa	rm, street, fa			26f. LOCATION		od Number	or Rural F	Route Number,	
	ICIAN: To the bast of my kr									) and manner as	stated.
296. SIGNATURE AND TITLE OF CERTIFIE	2 for Q+	la albred	owy		D31800		00	29d. DATE	SIGNEO	(Month, Day, Year	)
	PETILICIE,		624	16 den	ONTROS	EROA	D	BU	K.UI	WE, a	40
JUI 2 0 1993	32 REGISTRAN'S SI			_		-		•		852	

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Jane Land

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TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	4	-

FOR

22727 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CI	ERTIF	ICATE C	F DEAT	TH		REG. NO.		U		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O				3. TIME OF OEA	TH
	Constance M. Rocl	ne						MONTH	19		93	4-15	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER 1 YEA	A IF UNDER	24 HRS.	7. DATE O	F BIRTH		S. BIRTI	HPLACE (State or F	oreign
	390-30-2667	1 □ M 2 😾 F	58	YRS.	MONTHS DAY	8 HOURS	MIN.		Day, Year)	103/	Count	onsin	
	9a. FACILITY NAME (If not institution, give	21			9b. CITY. TOV	/N OR LOCATIO			14,		INTY OF D		
œ							on or bea						
2	Potomac Valley No RESIDENCE OF DECEDENT	irsing Ce	nter		Rockv	ille			Mor	itgon	nery		
EC	10a. STATE 10b. COUNT			10c, CIT	Y, TOWN OR LO	CATION						10d. INSIDE CIT	Y
8	Maryland Mont	gomery		Gai	thersb	1110						LIMITS?	NO
اب	10e, STREET AND NUMBER	Somery		1 00.3		10f. ZIP CODE	E			10g, CIT	IZEN OF	WHAT COUNTRY?	
RA	19425 Battleridge	Llav				20879				100	S.A.		
FUNERAL DIRECTOR	11. MARITAL STATUS		IT EVER IN U.S. AF	MED	12 WAS	DECENDENT O		C OBIGINS	/Specify Ver			E — American Ind	len
	1 Never Married 2 Married	FORCES? 1	YES 2 💢	NO	If yes	, apocify Cuba	n, Maxican,	, Puarto Ric		0.110	Blac	ck, White, etc.	,
BY	3 Widowed 4 Divorced	IF YES, GIVE 1	MAR OR DATES		םי	YES 2 X NO	Specify:				Spec	White	
0	15. DECEDENT'S EDI		16a. DI	ECEDENT'S	USUAL OCCUP	ATION		16b. I	KIND OF BU	SINESS/IN	DUSTRY		
E	(Specify only highest gred Elementary/Secondary (0-12)	(e completed)  College (1-4 or 5	(C	Rive kind of a. Do NOT u	work done during se retired.)	most of working	ng	7.0					
7	Elementally/Secondary (0-12)	4		rse				He	ealth	Care			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	,	110			18. MOTH	HER'S NAM		iddle, Maiden				
	Norbert Springob								nette		2000		
BE	19a. INFORMANT'S NAME (Type/Print)		16	A MAILIN	ADDRESS (Str								
2	Robert J. Roche											20070	1
					Battle SITION (Name of			Gal				ZUO/9 own, Stata	
	20a METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Ref	noval from State	other p	lace)				7/22					
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE D	MENSEE A	Rest	naven	Cemet	ery EAND ADDRE			rrec	ieric	ck, P	<u>laryland</u>	
		57)				ol Fun			2				
	, V.C. (A)	-			10 E	. Deer	Parl	k Dr.	, Ga:	ither	sbur	cg, MD 2	0877
	23. PART i. Enter the diseeses, Dr shock, Dr heert feliure				not enter the	mode of dy	ing, such	es cardi	ec or resp	iretory e	rrest,	Approxim	
	IMMEDIATE CAUSE Finei	. List Dilly Dile Co.	use on eech iii)	♥.								Onset ar	
	disease or condition	PNET	MON	IA								3w	155
	resulting in death)	. PNET	OR AS A CONSE	OUENCE C	OF):			-					/—
z		BRAI	N HE	FMI	YORA	66	A-1	VA	1AL1	F0/21	HIST	70N	
CERTIFICATION	Sequentially list conditions, if any, iseding to immediate	DUE TO	OR AS A CONSE	OUENCE C	OF):								
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	C											
E	that initiated events	OUE TO	OR AS A CONSE	EOUENCE C	OF):								
ERI	resulting in death) LAST	d											
O	PART ii. Other significant condition	ons contributing to	o deeth but not	reaulting	In the under	lving cause	givan in F	Part i.	24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY	FINDINGS
DICAL					0.0	79			PERFO	RMED?		AVAILABLE PRIOR	OT F
								- 1	1 TYES	2 📉 NO		OF DEATH?	
Σ								- 1				1   YES 2	NO
ÿ													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF D	DEATH (Che	ick only one	)				
YSI	1 TYES 2 NO		☐ ER/Outpatient	_	4 Nursing	Home 5 🗆 Re	asidence i						
PHYSICIAN: ME	27, MANNER OF DEATH	28a. DATE O (Month,	FINJURY Day, Year)	28b. TII	JURY	WORK?		28d. DE\$6	CRIBE HOW	INJURY O	CCURED		
BY	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2	NO						
	3 Suicide 8 Could not be	28a. PLACE building	OF INJURY At h , etc. (Specify)	iome, farm,	street, factory,	office			TION (Street or Town, State		er or Rural	Route Number,	
1	4 Homicide detarmined												
COMPLETED	29a. CERTIFIER (Check only	SICIAN: To the best of	of my knowledge, d	leath occur	red at the time,	data and place	, and due	to the cau	se(a) and ma	nner as st	ated.		
MO	one) 2 MEDICAL EXAMI	HER: On the basis of	examination and/or	r investigat	ion, in my opini	on, dasth occu	red at the t	time, date	and place, a	nd due to	the cause	(s) and manner as	stated.
	296. SIGNATURE AND TITLE OF CERTIFIC	ED /		1		29c. LIC	ENSE NUM	IBER		29d. O/	TE SIGNE	O (Month, Day, Yea	r)
B	11/11/11	44	TOXI	m	9	De	011	20		<b>.</b>	IULY	120,1	993
5	30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CA	USE OF THE (IT	EM 27) (Typ	e, Print)		( , ,				-/	- / (	1,0
	Walter E. Goozh,	M.D. 230	9 Shore	field	l Rd.	Wheato	n. M	D 200	902				
	31. OATE FILED (Month, Day, Year)				,	caco	119 11	20,	, 52	-			
	1111 9 3 1002	Guia David	AR'S SIGNATURE	Se.									

3. TIME OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

REG. NO.

2. DATE OF DEATH

-0020	ing physician.	the burial-transit permit. Promitional	
BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or atten-	the funeral director, page 5 should be detached for use as oval.	al examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceed that State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL R	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law n	TO THE FUNERAL DIRECTOR: After this certificate has bee be filed within 72 hours after death with the State Dept. (	IMPORTANT: If item 28 is marked, or item 23 s

9 1993

DAY YEAR Irma M. Rice July 16, 1993 4:30 PM 4 SOCIAL SECURITY MIMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 👽 F YRS Aug. 7, 1903 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Wilson Health Care Center Gaithersburg Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Gaithersburg 1X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 211 Russell Avenue 20878 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES GIVE WAR OR DATES ВҰ Specify: 3 🕅 Widowed 4 🗌 Divorced white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use optired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high United States Elementary/Secondary (0-12) College (1-4 or 5+) Personnel 12 Security Officer Government 17. FATHER'S NAME (First Middle Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James A. Matthews Isabella BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Roberta L. Mullins 1528 Youngs Point Place, Herndon, Virginia 22070 20s, METHOD OF DISPOSITION
1 IX Burial 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Rock Creek Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 7/20/93 Washington, DC 21. SIGNATURE OF FUNERAL SERVICE LICENSEE OM00831 ROBERT A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 Barbara Jom Muller Lawrence 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one ceuse on each line. intervai Between **IMMEDIATE CAUSE (Final** Onset and Death diseese or condition resulting in death) neumona DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 ND BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: YES NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA e 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 | Autural 2 | Accident 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29s, LICENSE NUMBER BE you -800 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8218 W 15 COMEIN AUR 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle 31. DATE FILED (Month, Day, Year)

E1-51

		FOR
1		STATE
	_	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR		STATE OF N		D / DEPAR CERTIF					MENT	AL HYGIENI REG. NO.	E			
1	1. DECEDENT'S NAME (First, A	Middle, Last)									TE OF DEATH		YEAR	3. TIME OF OEATH	
	HILDA HEDW									JUI	LY 17,	199	3	9:30 A.M	
ı		н	5. SEX		s. last birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DAT	TE OF BIRTH onth, Day, Year)		8. BIRTH Counti	HPLACE (State or Foreign ry)	
į	068-05-6733  9a. FACILITY NAME (If not insti	itution, give st	X	84	******	9b. CIT	y, TOWN C	R LOCATI	ION OF DE		RCH 7.19		GERN	MANY	
1	5 COUNTRYSID	DE COU	TRT			-	LVER					.14115.34	ONTGOMERY		
	RESIDENCE OF DECE	DENT	,		100 000		OR LOCAT						11601		
ŀ	NEW YORK	100. 0001111				SOUTH FARMINGDALE								10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER					30011	-	ZIP COD		<u>.                                    </u>		10g. CIT	IZEN OF V	1 VES 2 NO	
	30 ORCHARD S	STREET						1173	35			U	S.A.		
	11. MARITAL STATUS  1 Never Married 2 M	lamlad	12. WAS DECEDEN FORCES? 1			13.					GIN? (Specify Yes to Rican, etc.)			E — American Indian, k, White, atc.	
	3 Widowed 4 Divorce		IF YES, GIVE W						Specify		110		Speci		
	15. DECED (Specify only h	DENT'S EDUC		16a	. DECEDENT'S					1	16b. KIND OF BUS	INESS/IN	DUSTRY	WHILE	
	Elementary/Secondary (0-1)	-	College (1-4 or 5 d	·	(Give kind of life. Do NOT u	se retired.)			ng						
	17. FATHER'S NAME (First, Mide	idle (Leet)		R	REQUIS	ITION	V CLE								
	ERNEST	ure, Last)		TED							t, Middle, Meiden :				
	19a. INFORMANT'S NAME (Type	ne/Print)	WH.	IER	19b. MAILING	ADDRES	S (Street a		NA or or Rural I		INDUTG T		o Code)		
	ELAINE DALZEL	L			5 COT						VER SPR				
	20a. METHOD OF DISPOSITION 1 X Burial 2 ☐ Cremation		oval from State		CE AND DATE	OF OISPO	SITION (Na						City or To		
	4 Donation 5 Other (S		eucad d	PINE	LAWN C	CEMET	ERY				TOW	N OI	BAB	BYLON, N.Y.	
ı	1//	/	1/6	100	/				COI		IS, JR.	FUNE	ERAL	HOME, INC.	
4	Mach	1 -1	. //ve	un		50	NU OC	IVEF	RSITY	BL	VD. SIL	.SPF	R. MD		
	23. PĀRT I. Enter the disc shock, or hea IMMEDIATE CAUSE (Final disease or condition resulting in death)	ert fallure, l	List only one cau	se on aach	IIINO.  SEQUENCE O  SEQUENCE O							atory ar	, rest,	Approximata interval Between Onset and Death	
	Sequentially list condition if any, leading to immedicause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G			OVY) NSEOUENCE O		uc	ine		a			-		
	PART II. Other significant	t condition	a contributing to	death but n	ot reaulting	in the u	ndariyinç	cause :	given in	Part I.	24s. WAS AN PERFORM	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
1.	25. WAS CASE REFERRED TO 1 EXAMINER?	MEDICAL	HOSPITAL:					ACE OF 0	DEATH (Ch	eck only	one)				
l	1 U YES 2 NO		1 Inpetient 2					5 X A	esidence	8 🗆 Ot	ther (Specify)	HO	spic	e	
4	27. MANNER OF DEATH  1) Netural 5 Pe	ending	28e. DATE OF (Month, D		28b. TIN	URY M		RK?	7.00	28d. D	ESCRIBE HOW IN	JURY OC	CORED		
1	2 Cutata	vestigation ould not be	28e. PLACE O	F INJURY — A	it home, ferm,	street, fac		ES 2	_ NO	28f. L0	OCATION (Street a	nd Numbe	r or Rural F	Pouts Number	
		termined	bullding,	etc. (Specify)							ity or Town, State)				
	29a. CERTIFIER (Check only	YING PHYSIC	CIAN: To the best of	my knowledge	, death occurr	ed at the	time, date	end place	, end due	to the c	cause(e) end man	ner ee sta	ted.		
														e) end manner ee stated.	
I	29b. SIGNATURE AND TITLE O	F CERTIFIER						29c, LIC	ENSE NU	ABER		29d. DAT	E SIGNED	(Month, Day, Year)	
	Sal '	In	~_10					D	379	93	4	<b>•</b>	7//-	7/93	
	30. NAME AND ADDRESS OF P Stephan	ie -	COMPLETED CAUS	OF DEATH	(ITEM 27) (Type	750	00	Grez	enwa	3 4	ete Di	ve (	ree	enbelt MD	
	31. DATE FILED (Month, Day, Yes	1993	Julia Da	r's signatur Udson-1											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

**BALTIMORE, MARYLAND 21215-0020** 

OHMH-16 Rev 1/89

2, 3 should

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ella Mae Ritch:  4. SOCIAL SECURITY NUMBER  2.18-52-2.206  9a. FACILITY NAME (if not institution, give st. 1430 Buckhorn Rose  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  Maryland Carr  10a. STREET AND NUMBER  1.430 Buckhorn Rose  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade  Elementary/Secondary (0-12)  6th grade	e. SEX  1  M 2  F  roet and number)  ad  12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X	YRS.	ry, town o	onys on town of Sykes	ovill	MIN. ON OF DE	May	OF BIRTH	891	Countr	aryland
218-52-2206  9a. FACILITY NAME (If not institution, give st. 1430 Buckhorn Road RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY Maryland Carr  10a. STREET AND NUMBER  1430 Buckhorn Road  11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Tool 1 M 2 Type Freet and number)  ad  12. WAS DECEDEN FORCES? 1  IF YES, GIVE W	TEVER IN U.S. AF	YRS.	9b. CITY	on Locati	R LOCATION	MIN. ON OF DE	May	, Day, Year)		Count	aryland
1430 Buckhorn Roa  RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY  Maryland Carr  10e. STREET AND NUMBER  1430 Buckhorn Roa  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade  Elementary/Secondary (0-12)	ad  12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X		ry, town o	Sykes	ovill		ATH		9c. COI	JNTY OF D	FATH
10e. STATE 10b. COUNTY Maryland Carr  10e. STREET AND NUMBER  1430 Buckhorn Roa  11. MARITAL STATUS  1 □ Never Merried 2 □ Merried  3 ☑ Widowed 4 □ Divorced  15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ad  12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X							Carroll			
10e. STREET AND NUMBER  1430 Buckhorn Ros  11. MARITAL STATUS  1 □ Never Merried 2 □ Merried  3 ☑ Widowed 4 □ Divorced  15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ad  12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X		Syl	kesvi	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY
1430 Buckhorn Roa  11. Marital Status  1 Never Merried 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X				ille						1 YES 2 XNO
11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X			101.	ZIP CODE						VHAT COUNTRY?
1 Never Married 2 Married 3 Wildowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade  Elementary/Secondary (0-12)	FORCES? 1 IF YES, GIVE W	YES 2X	naaro.	1.00			1784					States
(Specify only highest grade Elementary/Secondary (0-12)	CATION	3 ☑ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES					F HISPAN n, Maxica Specify	Specify:			E — American Indian, k, Whita, etc. i/y: White	
	·) (G	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working . Do NOT use retired.)  Homemaker						SINESS/IN	DUSTRY			
17. FATHER'S NAME (First, Middle, Last)									Viddle, Malden	Sumame)	£ 14.	
William H. Hardin	ng		h MAHAM	Append	O /Day	_			Jones	- ^	- 0- 1 -	
Mrs. Ella Mae Boo	one		7322	Wood	dbine	Roa		lood	oine,	MD	2179	
20a. METHOD OF DISPOSITION 1 № Burial 2 □ Cremation 3 □ Remote 4 □ Donation □ Other (Specify) □ 21. SIGNATURE OF FUNERAL SERVICE LICE	and date emetory or o John	other place) S Cet		су	SS OF FA	7/			tt C:	ity, MD		
23. PART I Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, allock, or heart feliure. List only one ceuse on each line.  IMMEDIATE/CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										Approximate interval Betwood Onset and Do		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d.												
PART II. Other algolificent condition	a contributing to	desth but not	reaulting	in the ur	nderlying	cause (	given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?	246	WERE AUTOPSY FINDII AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	ock only or	10)			
EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHE1		-11-11		/				
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF (Month, D	INJURY	28b. TIR	_	28c. INJU	JRY AT			CRIBE HOW	INJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not be datermined	28a. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, fac	tory, office			28f. LOC City	ATION (Street or Town, State	and Numb	er or Rural i	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSII 2 MEDICAL EXAMINE												a) end manner as state
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	unequ	0			1425	DZ	ense nur 8080	ABER		29d. DA	TE SIGNED	(Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last		`		F DEATH	2. DATE	REG. NO.	YEAR 3. 1	TIME OF DEATH
	KuTH	Emma t	EAVE	FR		0		33	12:15
	4. SOCIAL SECURITY NUMBER 217-05-9857		(In yrs. last birthday) 78 YRS.	IF UNDER 1 YEAR		(Month	DF BIRTH , Day, Year) 27, 1914	Country)	CE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give WESTMINSTER	. A	NTER		N OR LOCATION OF E	DEATH	9c. COUNT	Y OF DEATH	1
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN		_	TY, TOWN OR LO	CATION				I. INSIDE CITY LIMITS?
	MARYLAND CI	ARROLL		ANEYT	101, ZIP CODE		10g CITIZI		YES 2 NO
FUNERAL	110 TREVANI				2178	7	4	54	COOMINIT
BY FU	11. MARITAL STATUS 1	12. WAS OECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR I	2 NO	If yes,	DECENDENT OF HISPA specify Cuben, Mexic (ES 2 NO Specific	en, Puerto F	? (Specify Yes or No 1 lican, etc.)	Black, Wh Spegify;	American Indian, hita, etc.
9	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	Work done during	ATION most of working	16b.	KINO OF BUSINESS/INDU		0112/1111
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	11	MAKER			OWN HO.	mE	
COMPL	17. FATHER'S NAME (First, Middle, Last)	4 5		MAL		AME (First, A	fiddle, Maiden Surname)		
BE (		ALBERT P			BESS			ARN	ER
70	19a. INFORMANT'S NAME (Typo/Print)  CATHERINE	MARTIN	1			I Route Numb	er, City or Town, State, Zip C		2178-
	20a. METHOD OF DISPOSITION	20	b.PLACE AND DATE	CEVANI OF DISPOSITION		DATE	20c. LOCATION - CI	4	State
1	1 M Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		metery, crematory or o	other place)	N CEM	7/2	8 GETTYS.	BURG	-, PA
0.055000	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE		- 500	AND ADDRESS OF	SK	-		- HOME
	23. PART I/Enter the diseeses, or	complications that cause	d the deeth. Do	not enter the	mode of dying, su	ch as card	iec or respiratory arres	ey 700	Approximata
	IMMEDIATE CAUSE (Final	. List only one ceuse on	eech line.						interval Between Onset and Death
	disease or condition resulting in death)	. RENAL							
-	_	A BTO	A CONSEQUENCE O	•					
CATION	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE O						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C	A CONSEQUENCE O						
ERTIFIC	that initiated events resulting in death) LAST	d	A CONSEQUENCE O	n= }:					
O	PART II. Other aignificant condition	ona contributing to death	but not reaulting	in the underly	/ing cause given is	n Part i.	24a. WAS AN AUTOPSY		RE AUTOPSY FINDINGS
MEDICAL		REBREU 1300					PERFORMED?	CON	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
									YES 2 LING
AN	25. WAS CASE REFERRED TO MEDICAL				DI 105 05 05 15111 10				
SICI	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF OEATH (C		·		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIA	AE OF 28c.	INJURY AT WORK?	_	CRIBE HOW INJURY OCCU	RED	
	1 Natural 5 Pending 2 Accident Investigation			M 1 (	YES 2 NO				
ВУ	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, ocify)	street, tectory, o	ffice		ATION (Street and Number of or Town, State)	Rural Route	Number,
ED			viedge, death occur	red at the time of	ate and place, and du	in to the cau	ea(s) and manner as atotac		
ED	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know							
MPLETED	(Check only	SICIAN: To the best of my know IER: On the basis of examination			n, death occured at th	e time, data	and place, and due to the	cause(s) and	f menner as stated.
COMPLETED	(Check only	IER: On the basis of exemination			n, death occured at the		29d. DATE	SIGNED (Mor	nth, Day, Year)
BE COMPLETED	(Check only 1 GERTIFYING PHY ONE) 2 MEDICAL EXAMINATORE AND TITLE OF CERTIFIE	ER: On the basis of axamination	on and/or investigation	on, in my opinio		JMBER	29d. DATE		nth, Day, Year)
COMPLETED	(Check only 1 GERTIFYING PHY ONE) 2 MEDICAL EXAMIN 296. SIGNATURE AND TITLE OF CERTIFI	ER: On the basis of examination	on and/or investigation	on, in my opinion	D / 74	IMBER 040	29d. DATE:	SIGNED (Mor	inth, Day, Year)
BE COMPLETED	(Check only 1 GERTIFYING PHY ONE) 2 MEDICAL EXAMIN 296. SIGNATURE AND TITLE OF CERTIFI	ER: On the basis of axamination	on and/or investigation  On (>)  EATH (ITEM 27) (Type  OU スニン・シェ	on, in my opinion	D / 74	IMBER 040	29d. DATE:	SIGNED (Mor	nth, Day, Year)

	FOR	CTATE OF MA	DVI AND /	DEDART	MENT OF	11541511 4415			5 22102			
	1 - STATE REGISTRAR	SIAIE UF MA				F DEATH	MENTAL HYGIE REG. N		7			
	1. DECEDENT'S NAME (First, Middle, Last)  Teresa F	Rehm					2. DATE OF DEATH MONTH July 26	, 1993 `	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. las	t hirthday)	F UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		/ Pw			
	167=16=6389  9. FACILITY NAME (If not institution, give st	1 M 2 KF	71	YRS.	DAY	B HOURS MIN.	April 30	1922	BIRTHPLACE (State or Foreign Country) Pennsylvania			
TOR	Carroll County		ital	9		n or Location of D tminster	EATH	9c. COUNTY OF DEATH Carroll				
DIRECTOR	10a. STATE 10b. COUNTY				nksbu				10d. INSIDE CITY LIMITS? 1 YES 2 YOU			
	10e. STREET AND NUMBER					101, ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
FUNERAL	2201 Green M					21048			S.A.			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 N Widowed 4 Divorced	12. WAS OECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 N	MED IO	13. WAS I	Black, White, etc.  Specific White						
윤	15. DECEOENT'S EDUC (Specify only highest grade		(G/	CEDENT'S US ive kind of work Do NOT use n	k done during	ATION most of working	18b. KIND OF B	USINESS/INDUS				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ing	Fleet Leasing								
ш	17. FATHER'S NAME (First, Middle, Lest) Stanl	n Sumame) na Fra	nzciska									
TO B	190. INFORMANT'S NAME (Type/Print)  Francis J. Rehm  19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Yown, State, Zip Code) 2201. Green Mill Rd., Finksburg, Md. 21048											
	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremetton 3  Remo	val from State	cometany crey	ND DATE OF D	Manal		1		y or Town, State			
ı	41 Donetton 5 Other (Specify).  The regreen Mem. Gardens 07/29/93 Finksburg, Md.  21. SIGNATURE OF PUNDAU SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Eckhardt Funeral Chapel  21.117											
	11605 Reisterstown Rd., Owings Wills, Md.											
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest.  Approximate											
	IMMEDIATE CAUSE (Fine) Onset and Daeth											
	disease or condition resulting in death)  SUB ARACTNOID HEMORIZAGE  DUE TO (OR AS A CONSEQUENCE OF):											
N	Sequentially list conditions,											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	R AS A CONSEC	OUENCE OF):								
F	CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSEO	UENCE OF):								
5	resulting in death) LAST											
	PART II. Other significent conditions	contributing to de	eth but not re	eculting in t	he underly	ing ceuse given in	Part I. 24a, WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS			
Sign	COPP						1 TYES		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL							_		1 TYES 2 AND			
IAN	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (Ch	eck only one)					
YSIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpatient 3		THER:	ome 5 Residence	6 Other (Specify)					
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJ (Month, Day,		28b. TIME O	Y	NJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	Bd. DESCRIBE HOW INJURY OCCURED				
	2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF IN building, etc.	NJURY — At hor . (Specify)	ne, farm, stree	et, tactory, or	fice	28f. LOCATION (Stree City or Town, Stat	t and Number or	Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER											
	296. SIGNATURE AND TITLE OF CERTIFIER			vanigation, l	н ту оргног				ause(e) end menner ee stated.			
O BE	MA NEWS AND ADDRESS OF DEDSON AND	mhom	ma			D (70		RIGNED (Month, Day, Year)				

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOWARD G. ANAAM, MA 215 WASTINGTON HETS WESTMINSTER MD 2115

31. DATE FILED (Month, Day, Year)

JUL 2 7 '93

32. REGISTRAR'S SIGNATURE

to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospital or attending and	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as an expense be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT (				MENTAL	HYGIEN REG. NO.	E .	3	22733
	1. DECEDENT'S NAME (First, Middle, Lest)	-ina	Ritc	hie					2, OATE OF MONTH	D.A		YEAR 3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-46-2531	5. SEX 8.	AGE (In yrs. last		IF UNDER 1 Y	PAPS	IF UNDER	MIN.	7. DATE OF	BIRTH		Count	HPLACE (State or Foreign fry)
	9e. FACILITY NAME (If not institution, give atr				9b. CITY, TO			ON OF DE			v	NTY OF I	
5	Rt 1 Box 1222 I	Route 6			La	P1 <i>a</i>	ata				Ch	narl	es
DIRECTOR	10a. STATE 10b. COUNTY Maryland Char	rles			y, town or a P1						-		10d. INSIDE CITY LIMITS? 1 YES 2 7 NO
	10e. STREET AND NUMBER					-	ZIP COD				120		WHAT COUNTRY?
FUNERA	Rt 1 Box 1222	12 WAS DECEDENT S	VED IN II C AD	MED	40.348	e DECE	206		IIC ORIGIN?	(Co-olfe Voo		J.S.	A. E American Indian,
β	1 Never Merried 2 Nerried 3 Widowed 4 Divorced	12. WAS DECEDENT F FORCES? 1 2 IF YES, GIVE WAR 1936-19	OR DATES	0	If y	es, spe	cify Cuba		n, Puerto Ric		or No—	Spec	k, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(G)	CEDENT'S ve kind of a Do NOT us	USUAL OCC work done dur se retired.)	UPATIO	N st of worki	ng	16b. K	IND OF BUS	SINESS/INI	DUSTRY	
MP	17. FATHER'S NAME (First, Middle, Last)	5+		Farm	ner		40 1407	MEDIO MA	ME (First, Mic	Farm			
	Lausson King								11 G			. ~	
TO BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (S	Street ar							
Ĭ	Donald D. Ritch	nie	1	Rt 1					lata	_			
	20s. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  Ramo 4  Donation 5  Other (Specify)	oval from State	other nic	icel	SITION (Name								own, State  1th Dakota
	21. SIGNATURE OF FUNERAL SERVICE HO	ensee hols	Mo	01	74 A P	ret	ant Bo	ESS OF FA	hols				me, Inc. 20646
	23. PART I. Enter the diseasee, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arreat, ehock, or heart feliure. Liet only one cause on each line.  Approximate interval Between												
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Severe end Stage Cardiam youthy  Due to (or as a consequence of):												
NO	Sequantially list conditions,	Seve	AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A C	THE O	1 re	Su	rsin	tatio	^		/		
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CERTIF	that initiated avanta resulting in death) LAST	i. Com	SPS14	VC O	heo	nt	fai	lur	e				
	PART II. Other eignificant condition	e contributing to da	ath but not r	eeulting	in the und	arlying	cause	given in	Part I.	4a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA	Chronic winary tract infections												
	Indu	^	ley	0	thet	ev							
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ВУБ	1 Natural 5 Pending 2 Accident investigation		INJURY WORK?  M 1 YES 2 NO										
ED	3 Suicida 8 Could not be 4 Homicide determined	28s. PLACE OF II building, atd	NJURY At ha (Specify)	me, farm,	street, factor	y, office				TON (Street : Town, Stata)		r or Rural	Route Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my											(a) and manner as stated.
BE CO	29b. SIGNATURE AND TITLE OIL GERTIFJER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									D (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE	OF DEATH (ITE	M 27) (Type	n, Print)		74	88	1			45	July 73

JUL 26 93

Julia Bairdson Randelle

Onwesting Bahka Walden, Capt Lieut, inc Jaa-64-7613. Apt 2006 Jat 1459 Waldenia Bang Usap Ngo Cen Anonems air punce Bang, ind, 2008

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31. DATE FILED (MONTH, Day,

JUL 26 '93

Day 0 50

132. REGISTRAR'S SIGNATURE

3	INECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.		
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DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this.	h with	
DING	After	death	
TEN	CTOR	after	
JR A	)IREC	SINC	

	DECEDENT'S NAME (First, Middle, i  Jo  4. SOCIAL SECURITY NUMBER	ohn E. Ryan			MDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH July 23	, 1993	year 7 & 8. BIRTHPLACE (State or Fore)	
	215-12-2890 1 TX M 2 🗆 F			YRS. MON		HOURS MIN.	June 30, 1916 Maryland			
TOR	90. FACILITY NAME (If not institution, Frederick RESIDENCE OF DECEDEN	Villa Nurs	ing Cent			or Location of D		9c. COUNT	ry of DEATH	
DIRECTOR	10a. STATE 10b. CO	0a. STATE 10b. COUNTY				TION		10d. INSIDE CITY LIMITS? 1 LXYES 2 \( \text{NO}\)		
VERAL		ts Ave.		101	1. ZIP CODE 2121	5	U.S.A.			
BY FUN	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE WWW I			MED FO	If yes, sp		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) fy:			
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	+) 16a. DE (G/	cedent's usualive kind of work of Do NOT use retire	tone during mo red.)	ON ost of working		16b. KIND OF BUSINESS/INDUSTRY Horses			
ш	17. FATHER'S NAME (First, Middle, Las  John Ryan	0					Devoy	n Sumame)		
2	19a. INFORMANT'S NAME (Type/Print) Frances Ger	vais					Route Number, City or To			
	20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State									
3	4 Donation 5 Other (Specify) Lorraine Park Cemetery July 26, 1993 Balto., Md.									
	Eckhardt Funeral Chapel									
	N-7	Eliliana	ex		Eckh 1160	ardt Fu	eral Chap	., Owl:	ngs Mills, N	
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# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

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WERE AUTO AMAILABLE F COMPLETION OF DEATH?  Acute Number	oximate val Betweet and De Press Finding To No Ficaus 2 No Vear)

S. Sia Navidron Randalle

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

		1 - STATE REGISTRAR		CE	RTIF	CATE O	F DEATH		REG. NO						
6	- 6	1. DECEDENT'S NAME (First, Middle, Last						2. DATE O		AY _Y	3	. TIME OF DEATH			
		SARA	KOYE					7	Ž	0 9	S S	500 R "			
		4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR		7. DATE O	F BIRTH Day, Year)	8.	BIRTHPL Country)	ACE (State or Foreign			
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	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN													
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5 should	00	19a. INFORMANT'S NAME (Type/Print)	TTTAIRS	198	. MAILING	ADDRESS (Stree	et and Number or Rural				del				
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page t be		20a. METHOD OF DISPOSITION				FDISPOSITION		DATE		CATION — City	or Town	State			
Jeath. Page 6 ma funeral director, p xaminer must		1 N Burlel 2 Operation 3 Ref	moral from State	Eas E	atory or of	her place)	terv	7/24							
Pag al dir	1	21. SIGNATURE OF FUNERAL SEMPLOPS	SENSEE (	/	- C. 111	22. NAME	AND ADDRESS OF FA	CILITY	4	rone,					
death. Pag tuneral dii L examiner		Arnold W. Beard Funeral Service													
n by the removal.		23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one ceuse on each line.  Approximate interval Retween													
		shock, or heart failure	. List only one ceus	e on each line.		ot enter the i	mode of dying, suc	n as cardi	ac or reap	Iratory arrea	Ι,	Approximate Interval Between			
		IMMEDIATE CAUSE (Final disease or condition Onset and Death													
rted within 24 completely fillitial, cremation, cevent, the	1	resulting in death)	o. / 1 - C	CICIO	J J C	LE RC	1805					ļ			
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siclar prior trau	¥	if any, leading to immediate cause. Enter UNDERLYING													
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attending attending mtal Hygie Y, or oth	F	resulting in death) LAST	d												
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has be Dept.	Ž.														
rSICIAN: The law certificate has the the State Dept d, or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	on the second		QTHER:	PLACE OF OEATH (Ch	eck only one,	)						
the Sertific	¥.	1 YES 2 THO  27. MANNER OF DEATH	1 Inpatient 2 I		28b, TIME	/	ome 5 - Residence								
NG PHYS fter this eath with marked		1 Netural 5 Pending	(Month, Day		INJU	URY	INJURY AT WORK?  YES 2 NO	28d. OEŞC	TRIBE HOW I	NJURY OCCUP	ED				
After death	ВҰ	2 Accident Investigation 3 Suicide S Could not be	28s. PLACE OF	INJURY — At hor	ne ferm e			204 1 000	TION (Ctm.)	and Mumber or	0 1 0				
TTEND TOR: / after d	ED	4 Homicide Could not be	building, e	tc. (Specify)	,,	treet, tactory, or	ALCO .	City or	Town, State)	and Number or	nurai nou	te Number,			
OR ATTENDING DIRECTOR: After hours after death	E	29a. CERTIFIER	all and town of												
ZAL C	COMPL	(Check only	SICIAN: To the best of m									a toronomic total			
HOSPITAL FUNERAL within 72 I	8		IER: On the basis of exa	mination sha/or i		n, in my opinior	, death occured at the	time, dats a	ind place, sr	d due to the c	nuse(s) a	nd manner as stated.			
五五百	BE	291. SIGNATURE AND TITLE OF CERTIFI	ER / T	1	)		299 LICENSE NUI	MBER	,	29d. DATE 9	GNED (M	onth. Day, Year)			
6 6 3 M	6	yang 11 /M	mini	my			1)10	41		P71	20	113			
		NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	)~ n=	6.0	A	Fin	/ -	1100			
	}	31. DATE FILEO (Month, Day, Year)	NAKELL	-1601	1	UNIV 13	T DC	CIVI	TE	MOC	- 6	1018			
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25. WAS CASE REFERRED TO MEDICAL

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**EXAMINER?** 

3 Suicide

4 Homicide

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E	ERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	DRTANT: If item 28 is ma
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WILLIAM RATLIFF 1993 102 July 7:30 A M A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign HOURS 1 M 2 F 240-64-4212 50 YRS. 12-6-42 Burlington NC 9a, FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Wellington Nursing Home Camp Springs Prince Georges RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY D. C. N/A Washington 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1132 Street, 20001 6th N. W. USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Sth Unemployed N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Perry BE Sarah C. Ratliff 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 5 NW #102 610 Emmanuel Court Washington DC 20001 Valerie Lewis 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE h Burial 2 Cremation.
4 Donation 5 Other (Specify) Harmony Memorial Park 7-16 Landover, Md. Marshall's Funeral Home, 4217 9th Street, N. W., 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Inc marsh Washington, 20011 D. 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) a. Toxoplasmosis Ence Encephalitis Acquired Immune Deficiency Syndrome MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

HOSPITAL:

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2-TANO

1 YES 2 NO 1 X Inpatient 2 - ER/Outpatient 3 - DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 2 Accident

1 YES 2 NO

OTHER

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number City or Town, State)

26. PLACE OF DEATH (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated,

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) lson July 12, 1993

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6525 Belcrest Road

NORTON ELSON Hvattsville, Md. 20782

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 5 199 1 JUL

Sulia Davidson-Randall

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DHMH-16 Rev 1/89

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR  1. DECEDENT'S NAME (First)	Middle, Last)									OF DEATH			3. TIME OF D	EATN	
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4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (/	in yrs. lest birthde		ER 1 YEAR		R 24 HRS.		OF BIRTN			NPLACE (State of		
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9s. FACILITY NAME (If not in	stitution, give	atreet and number)			9b. CIT	TY, TOWN	OR LOCAT	ION OF DE	EATN	77	9c. CO	UNTY OF C	DEATN		
Mendoza	Road	Dead E	nd			Woo	dlav	vn			Ва	ltin	nore		
RESIDENCE OF DEC	10b. COUNT	ry		10c. CITY, TOWH OR LOCATION									10d. INSIDE CITY		
Maryland	Prin	ce George	e's	Н	atts	vi111	2						LIMITS?		
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15. DECEDENT'S EDUCATION (Specify only highest grade completed)				16a, DECEDENT'S USUAL OCCUPATION					_	Salvado			panic		
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WAS AL PERFO 1 Z VES  1 Z VES  1 Z VES  ONGED H CATION (Street or Town, State IMORE C)	N AUTOPS PRIMED? 2 NO NO NO NO NO NO NO NO NO NO NO NO NO NO N	y 241  Y 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241  XY 241	Approvinterva Onset  Approvinterva Onset  D. WERE AUTOPS AMALABLE PROVINCE TO OPPLETION OF DEATH?  TO AD ( dead )	781 Kimate il Betw and De sy Finon or To or Caus	

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21215-0020

NOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND C	DEPAI					MENT	TAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Li	Walter Wi	lliam		-	Ro	we			ATE OF DEATH		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-34-9501	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. In	st birthday) YRS.	IF UNDE	R 1 YEAR DAYS	IF UNDE	R 24 HRS.				8. BIRTHPLAI Country)	CE (State or Foreign
oc	9a. FACILITY NAME (If not institution, go			9b. CITY, TOWN OR LOCATION OF DEATH									
210	Southern Mary	zland Hosp	Hospital Clinton Princ						ice Ge	orge's			
DIRECTOR	Maryland Pr	nince Geor	George's Upper Marlboro							10d. INSIDE CITY LIMITS? 1 YES 2 NHO			
FUNERAL	100. STREET AND NUMBER 15801 St	. Thomas C	hurch R	oad		101	, ZIP COD	€ 2077	72			J.S.A.	
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	NT EVER IN U.S. AI 1 TYPES 2 THE WAR OR DATES		13.		ecify Cubi	nn, Mexica	an, Puer	GIN? (Specify Yes rto Rican, etc.)	or No-	14. RACE — / Black, Wr Specify: Cauca	Americen Indian, nite, etc.	
COMPLETED	15. OECEDENT'S I (Specify only highest g Elementary/Secondary (0-12)	ECEDENT'S Silve kind of a. Do NOT u	work done se retired.)	during mo	st of worki			Placem					
BE CON	17. FATHER'S NAME (First, Middle, Last) Maurice Da		ngir.	migs				st, Middle, Maiden lattie P	Sumame)				
10 B	19a. INFORMANT'S NAME (Type/Print) Joanne Rowe		16	њ. <b>маі</b> цік Sa	Me a	s (Street a	nd Numbe	r or Aural	Route N	umber, City or Town	n, State, Zip	Code)	
	20a_METHOD OF DISPOSITION 2 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	emoval from State	cemetery, cr	20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Mary land State Veterans Cem									
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	St		22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Mc								
	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	use on each lin	161	HAN					HOLL			Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	OR AS A CONSE		•								
PHYSICIAN: MEDICAL	PART II. Other significant condi	resulting	in the u	nderiying	g cause	given in	Part i.	24a. WAS AN PERFOR 1 VES 2	MED?	CON OF 1	RE AUTOPSY FINDINGS IILABLE PRIOR TO APPLETION OF CAUSE DEATH?  YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only	r one)		_	
YSIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4   Nu		6 5 🗆 R	esidence	8 🗆 0	ther (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Metural 5 Pending 2 Accident Investigate	28b. TIN	NE OF JURY M		URY AT PRK? (ES 2 [	□ NO	28d. [	28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 8 Could not 4 Homicide determined	ome, farm,	farm, street, factory, office  281, LOCATION (Street and Number or Rural Richty or Town, State)					or Rural Route	Number,				
3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only onle) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.									I manner se stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)												

NO ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31, DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE in Davidson-Randall

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH June 27, DAY 1993 YEAR Ralph Sydney REED 4:00 AM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH

Dec. 14, 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF LINDER 24 HRS. 8. BIRTHPLACE (State or Foreign 003-24-0699 1913 New Hampshire 1 X M 2 - F YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick Frederick DIRECTOR Frederick Memorial Hospital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY use as the burial-transit permit. Pages Maryland Frederick Frederick 1 YES 2 NO FUNERAL 21701 WHAT COUNTRY? 2718 Laura Drive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merrie If yes, specify Cuben, Mexican, Puerto Rica IF YES, GIVE WAR OR DATES 1 YES 2 NO BY Specify: White Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Farmer Dairy 18. MOTHER'S NAME (First, Middle, Melden Surname, Laura Thurston 17. FATHER'S NAME (First, Middle, Last) Ralph H. Reed F notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2718 Laura Drive, Frederick, Maryland 21701 2 Carl D. Reed be 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Smithsburg Crematory June 28,1993 Smithsburg, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney and Basford P.A. Funeral Home M00255 106 East Church St., Frederick, Md. 21701 medicai 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure. List only one cause on each ilne Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition Pneuum ASDIRATION resulting in death) requires that the death certificate be executed within event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DIVISION OF VITAL RECORDS, P.O. that initiated events resulting in death) LAST 6 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL has been signed by the Dept. of Health and N T 23 shows any inj WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: HOSPITAL DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO th the State De 28. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH with t 28c. INJURY AT WORK? marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural After the 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 69 3 Suicide Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED DIRECTOR: Journal after of them 28 is 4 Homicide 29e. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner es stated. TO THE HOSPITAL D TO THE FUNERAL D be filed within 72 ho IMPORTANT: If its 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 40307 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Eugene B. Casagrande MD Parkview Medical Center, Frederick, Md. 21701 32. REGISTRAR'S SIGNATURE JUN 28 Julia Savidson - Randall

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Oppt. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last) Ha	rry Kelso		Rayne		2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF	W YEA		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign	
	717 07 9673	1 1 x M 2 □ F 92	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 2. 1	a	ountry)	
	9a. FACILITY NAME (If not institution, give a	treet and number)		96. CITY, TOWN	OR LOCATION OF DE		1901 MD PC. COUNTY OF DEATH		
8	Berlin Nursing He	ome		Berlin		Worce	orcester		
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY								
DIRECTOR	111-211-21			Y, TOWN OR LOC	ATION		10d. INSIDE CITY LIMITS?		
	Md Wicon	nico	VV I I	lards			1X YES 2 NO		
FUNERAL	161 H. Canal St	woot.		1	21874		OF WHAT COUNTRY?		
ž l	10 I II. Callal St.	12. WAS DECEDENT EVER IN	IIIS ARMED			HC ORIGIN? (Specify Yes	IACE — American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, s		n, Puerto Rican, etc.)	1 3	Hack, White, etc.	
B	3 🔀 Widowed 4 🗌 Divorced	1110, 0112 1011 011 01		'   '	S 2 (ANO Specin	γ.	'	Specify: USA	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPAT	ION lost of working	16b. KIND OF BUS	SINESS/INDUSTF	TY .	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		vork done during n ie retired.)					
M	6		Railroad	d track	_	railroa			
	17. FATHER'S NAME (First, Middle, Last) William Bassett Ra	21/20				ME (First, Middle, Maiden aroline Jor			
BE	19a. INFORMANT'S NAME (Type/Print)	ayne	405 14411 1940	10000000		Poute Number, City or Town			
2	Gail Ann Moore				, Pittsvil		n, State, Zip Code 11850	)	
	20a. METHOD OF DISPOSITION	20h	PLACEANDDATEC				CATION — City o	Town State	
	1 (XBurial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	ovel from State cem	unset M	ther place)	Park	1		· ·	
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE		22. NAME	ND ADDRESS OF FA	CILITY	3 Berlin, Md.		
	M. Frik	muhal -		Berl	bage Funeral Home, 108 Williams St.				
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on e	the death. Do n	ot enter the m	ode of dying, suc	h as cardiac or respi	ratory arrest,	Approximata Interval Between	
1	IMMEDIATE CAUSE (Final	The second second		,	0		Onset and Death		
	disease or condition	· 7-61	MID.	10	Poven	mg		huch	
		DUE TO (OR AS A	CONSEQUENCE OF	7:				Tuch	
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF					pa	
SAT	if any, leading to immediate cause. Enter UNDERLYING								
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):					
E	resulting in death) LAST	d			<u> </u>				
	PART II. Other algnificant condition	a contributing to death b	ut not resulting i	n the underlyle	og cause given in	Part I. 24s. WAS AN	AUTTOREY	24b. WERE AUTOPSY FINDINGS	
EDICAL	C 14 F		et tiet reasiting t	in the dilderlyn	ig cause given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	CAD	-				1 ☐ YES 2	^E NO	OF DEATH?	
Σ					-			1 TYES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL			26. 1	LACE OF DEATH (Ch	ack only one)			
Sic	EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 ☐ Inputient 2 ☐ ER/Outp	atient 3 DOA	OTHER:	me 5 - Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW II	NJURY OCCURE	0	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm, a	street, factory, off	Ce	26f. LOCATION (Street a City or Town, State)		ral Route Number,	
COMPLETED									
로		CIAN: To the best of my knowl							
Š	one) 2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation	n, in my opinion,	death occured at the	lime, date and place, an	d due to the cau	se(a) and manner as stated.	
H	296. SIGNATURE AND TYLE OF CERTIFIER	m	7		29c. LICENSE NUM	IBER	29d. DATE SIG	NED (Month, Day, Year)	
2	100				D020	26	D /-	-15/13	
	30. NAME AND ADDRESS OF PERSON WHO Federico G. Ar	thes, MD 1	622A Ocea	an Pine	s Ber	lin, MD 21	811		
ان	JUL 20 1993	32. REGISTRAR'S SIGN	TURE						
T	JUL # 0 1999	//							

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	TO BE COMDI ETED BY BUYSICIAM. MEDIOAL APPTICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
if death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp
DALLIMORE, MARITAIA	

	FOR	OTATE OF HAD					93	3 22142	
	1 - STATE REGISTRAR	STATE UF MAR	YLAND / DEPAR CERTIF	ICATE	OF HEALTH AND				
	1. DECEDENT'S NAME (First, Middle, Last)		02/////	OAIL	OI DEATH	REG. NO		3. TIME OF DEATN	
	William	Lev:	Rhodes				199	YEAR	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1		7 DATE OF BIRTH		BIRTNPLACE (State or Foreign	
	214-30-8102		67 YRS.	MONTHS	DAYS HOURS MIN.	sept.13,	1925	Md.	
_	9a. FACILITY NAME (If not institution, give str	eet and number)			Y OF DEATN				
0	Dorchester Ge	neral Ho	spital	Ca	mbridge,		Dor	chester	
E C	10a. STATE 10b. COUNTY			r, TOWN OR	LOCATION				
DIRECTOR	Md. Dorch	nester		Hurl				10d. INSIDE CITY LIMITS?	
AL	10e. STREET AND NUMBER	103001		nui i	10f. ZIP CODE		10a CITIZEI	1 X XYES 2 □ NO N OF WHAT COUNTRY?	
FUNERAL	P.O. Box	D- C							
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WA	S DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	n or No 14	USA I. RACE — American Indian,	
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 7	R DATES		res, specify Cuban, Maxic TYES 2 INO Specif			Black, White, atc. Specify:	
				1	^			White	
	15. DECEDENT'S EDUC. (Specify only highest grade of	completed)	18a. DECEDENT'S	USUAL OCC rork done dur	UPATION ing most of working	16b. KIND OF BU	SINESS/INDUS	TRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Machin	,		Metal	cann	ina	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		maonin	СОР		AME (First, Middle, Maiden		Titg	
BE C	John W. Rhod	les			and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	aret Sa	1111		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	Street and Number or Rural			ode)	
임	Lorraine M. Rho	des			6 Hurlo				
	20a. METHOD OF DISPOSITION  Description   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method	val from State	20h PLACE AND DATE O	E DISPOSITI	ON /Alama of	2475 20-10	OUTION OF	y or Town, State	
	4 Donation 8 Other (Specify)		Brookvie	W Cei	net. July	15,1993	Hurl	ock, Md.	
	21. SIGNATURE OF FINERAL SERVICE LICE	NSEE		22. NA	ME AND ADDRESS OF FA	ICII ITY			
	Mol				ederalsbu				
	23. PART I. Enter the diseases, or co ahock, or heert fellure. Li	mplications that cau	sed the deeth. Do n	ot snter th	e mode of dying, suc	ch es cardiec or respi	retory arrest	t, Approximats	
	IMMEDIATE CAUSE (Finel	at only one ceuse of	esch line.	2	7			Interval Between Onset end Desth	
	diseese or condition resulting in death)	Myoc	ardeal	- u	forction en dis	nacui	E	10 min	
		DUS TO (OR A	S A CONSEQUENCE OF	):	V 11 .	-35			
NO	Sequentially list conditions, b.	(000)	S A CONSEQUENCE OF	KRK	engais	sease	_		
ATI	if any, leading to immediate cause. Enter UNDERLYING	Nan	S CONSTOURNE OF	CXX	ext.	1120			
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	):	1100				
TH	resulting in desth) LAST								
LC	PART II. Other significant conditions	Contribution to death	but and annulated to						
₹ I		contributing to deet	t but not resulting in	the unge	rlying ceuse given in	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICA						1 TYES 2	NO NO	COMPLETION OF CAUSE OF DEATH?	
								1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		/	/	28 BLACE OF DEATH (OL				
SIC		HOSPITAL:		OTHER:	28. PLACE OF DEATN (Ch				
PHYSICIAN:	27. MANNAM OF DEATH	28a. DATE OF INJUR	Y 28b. TIME	OF 28	Homa 5 Realdenca	28d. DESCRIBE HOW IP	NJURY OCCUR	ED.	
ВУ Б	1 Matural 5 Pending 2 Accident Investigation	(Month, Day, Year	r) INJU		WORK?	,			
60	3 Suicide 8 Could not be	28s. PLACE OF INJU building, atc. (S	RY — At homs, farm, at	reet, factory,	offica	28f. LOCATION (Street a	nd Number or I	Rural Route Number,	
	4 Homicide determined					City or Town, State)			
APL.	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my kn	owledge, death occurred	at the time	, data and place, and dua	to the cause(a) and man	ner as stated.		
COMPLET	one) 2 MEDICAL EXAMINER:	On the beals of axamine	tion and/or investigation	, in my opin	ion, death occured at the	time, data and placs, and	d due to the c	ause(s) and manner as stated.	
BE (	296. SIGNATURE AND TITLE OF CERTIFIER	500.	\		29c. LICENSE NUI		29d. DATE Sy	GNED (Month, Day, Hard.	
6	Milierce	Lelas	mi		C100	10002	N 71	14195	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED OFFICE OF	DE ARAL ASSESSA AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF				-		

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAP'S SIGNATURE
Julia Davidson-Randall

Chris Reter

FOR

1 - STATE REGISTRAR		ODDIE OF INDIES	CEI	RTIFIC	CATE	OF	DEA	TH	MENIA	REG.		-				
1. DECEDENT'S NAME (First	, Middle, Last)									OF DEAT				3. TIME OF D	EATH	
CHRTS	EDWA	RD	REITA	N					MONT	7	13	Y	4EAR	1215	A M	
4. SOCIAL SECURITY NUMBER		. SEX 6. AGE	(In yrs. last b	birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTI	H			HPLACE (State o	r Foreign	
215-84-131	0 1	<b>⊠</b> M 2 □ F	31	YRS.	ONTHS	DAYS	HOURS	MIN.	Jan	TE OF BIRTH onth, Day, Year) 1. 5, 1962		62	Count	land		
9a. FACILITY NAME (If not in	nstitution, give stree	t and number)		1	9b. CITY,	TOWN 0	R LOCAT	ION OF DE	EATH	/			JNTY OF D			
PHYSICIAN	S MEMOR	IAL HOSPI	ΓAL			I	a Pl	ata					Charles			
RESIDENCE OF DEC	10b, COUNTY															
Maryland		arles		White Plains					1					10d. INSIDE C	HY	
10e. STREET AND NUMBER														1   YES 2		
565-A Will		ossing Roa	d	101. ZIP CODE 20695										OF WHAT COUNTRY? USA		
11. MARITAL STATUS  12. WAS DECEDENT EVER IN FORCES? 1 X YES				ED	13. V	MAS DEC	ENDENT (	OF HISPAN	IIC ORIGI	N? (Specif	y Yea	or No-	14. RACE Black	E — American I k, White, alc.	ndlen,	
3 Widowed 4 Divo	DATES 2				2 X NO			Thomas at	~,		Speci	elfy:				
15. DEC		EDENT'S U	SIM OC	CLIDATIO			341	s. KIND OI	- DUG	WEGO (II)		nite				
(Specify only Elementary/Secondary (0	y highest grade con	npleted) College (1-4 or 5+)	(Give	kind of wor	rk done d	luring mos	st of worki	ng	100	. KIND O	503	INCOO/IN	DUSTAT			
, , , , , , , , , , , , , , , , , , , ,	,	2	E	Plumb	er	(C.E	E.)			US	Ai	r Fo	orce			
17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Ma	iden S	Sumame)	·			
Richard Wi	nston R	eitan						Co	orin	ne L	. F	lobei	cts			
19a. INFORMANT'S NAME (7	Type/Print)			MAILING A												
Corinne L.	Reitan			565A	Wil	lett	s Cı	cossi	ing I	Rd.,	Wh	ite	Plai	ns, MD	20695	
20a. METHOD OF DISPOSITI		from State	b. PLACE ANI	DDATE OF	DISPOSI	TION (Na	me of		DAT	E 200	c. LOC	ATION -	City or To	own, State		
4 Donation 5 Other			Charl	les M	lemo:	rial	Gar	cdens	3 7-	15 L	eor	nard	town,	, Maryl	.and	
21. SIGNATURE OF FUNERA	L SERVICE LICEN	G. (AA)			22. N	NAME AN	D ADDRE	nera	L HO	me						
Mark G.	Brohaw	n M00053									rf,	, Md	. 206	504		
23. PART I. Enter the di	Iseasea, or com	plications that cause t only one cause on	d the deat	h. Do not	t anter t	tha mod	da of dy	ing, such	h aa can	diac or r	espir	atory ar	rest,	Approx	Imeta	
IMMEDIATE CAUSE (Fin		Λ .													Batween	
disease or condition resulting in death)	<b>→</b> a	Arter	1050	test	ic	Ca	apo	Va CI	in a rease					1 7	Pass	
		DUE TO (OR AS	A CONSEQUE	ENCE OF):				40.	We are							
Sequantially list conditi	lona, b	DUE TO 100 10			_											
If any, leading to immed cause. Enter UNDERLYI		DUE TO (OR AS	A CONSEQUE	ENCE OF):												
CAUSE (Disease or Inju		DUE TO (OR AS	A CONSEQUE	ENCE OF:												
resulting in death) LAS	т			,										j		
	0															
PART II. Other significa		ontributing to death	but not raa	ulting in	tha unc	darlying	cause	givan in i	Part I.		S AN A	WTOPSY MED?	24b.	WERE AUTOPS		
	TYPAR	- dirtm	cku						_	1 🗆 YE	S 2	NO		COMPLETION OF DEATH?		
									_					1 TYES 2	NO	
25. WAS CASE REFERRED TO EXAMINER?	Н	OSPITAL:		10	THER		ACE OF D	EATH (Che	ock only or	ne)						
1 YES 2 NO	1 (	Inpatient 2 ER/Out		DOA 4	☐ Nursi	ing Home	-	esidence								
1 Natural 5	Pending	(Month, Day, Year)	2	28b. TIME (		28c. INJL WOR	RK?	,	28d. DES	SCRIBE HO	OW IN	JURY OC	CURED			
2 Sudalda	Investigation	26s. PLACE OF INJUR	Y — Al home	form etce			E\$ 2 [	NO								
	Could not be detarmined	building, etc. (Spe	ecify)	, 100711, 10070	Pert, TalCto	ну, описа			City	or Town, S	reet ar State)	nd Numbe	r or Runal R	Route Number,		
29s. CERTIFIER	TEVINO BURGO	-1165, 190 1.22														
(Check only one) 2 MEDI	CAL EXAMINER: O	N: To the best of my known	viedge, death	occurred	at the lin	ne, data	and place	, and due	to the cau	use(s) and	menr	or an sta	ted.			
	_		INVI	- etigetion,	и пту ор	armon, de			he lime, data and place, and dua to the cause(a)							
206. SIGNATURE AND TITLE		Charles (	1 D.	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)						er)						
30. NAME AND ADDRESS OF	PERSON WHO C	OMPLETED CALISE OF D	EATH (ITEM ?	10 (type, Print)												
Hote	Pn	130x 164	7	Walderf Nd 2060												
31. DATE FILED Month, Day,	בחי יחם	32. REGISTRAR'S SIG	VATURE	URE DOOR												
31. DATE FILED MONTH, Day, 1907 93  32. REGISTRAR'S SIGNATURE  Julia Javiden Rendette																

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

S, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any inju

FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

REGISTRAR		CERTIFIC	ATE OF D	EATH	REG.	NO.	
1. DECEDENT'S NAME (First, Middle, Les JEFFREY	SCOTT	RIDDLE			2. DATE OF DEAT	8 , 1 <sub>9</sub> 93	3. TIME OF DEATH 12:30
4. SOCIAL SECURITY NUMBER 218-56-5585	5. SEX 6. A			UNDER 24 HRS.	7. DATE OF BIRTI		a. BIRTHPLACE (State or Fore WASHINGTON,
98. FACILITY NAME (If not institution, give street and number)  390.5 BUFFALO RD.  96. CITY, TOWN OR LOCATION OF DEATH NEW WINDSOR  FREDERICK							TY OF DEATH
10a. STATE 10b. COUI		OWN OR LOCATION WINDSOR				10d. INSIDE CITY LIMITED  1  YES 2 N	
100. STREET AND NUMBER 3905 BUFFALO RD	•		10f. ZI	217	776	10g. CITIZ	U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed N. Diversed Mar	ER IN U.S. ARMED LES 2 NO R DATES ESERVES	1 YES 2 NO Specify:				14. RACE — American Indien Black, Whita, atc. Specify: WHITE	
1s. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATION done during most o stired.)	working		ED. GOV	
17. FATHER'S NAME (First, Middle, Last)		CLLIKK	18		ME (First, Middle, Mi		1.
THOMAS S. RIDDI	.E	19b MAILING AD	DRESS (Street and I		A SCOTT  Route Number, City of	Frum Ctata 7in	Control
LILA S. RIDDLE			JFFALO R		NEW WINDS		MD 2177
	LIRTAL State	20b. PLACE AND DATE OF E	DISPOSITION (Name	of	OATE 20	LOCATION — C	ity or Town, Stata
4 Donation 5 Other (Specify)  21. SIGNATUBE-OF FUNERAL SERVICE	LICENSFE	PARK LAW	CEMETE 22. NAME AND		7/21		LLE, MD
atharine (	Q. Sart	Slew!		LIBER	RTYTOWN,	MD	TZLER & SONS
disease or condition resulting in death)  a. A consequence of):  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  a. A consequence of):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
PERFORMED?  1 YES 2 HO  OF					24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACI	OF DEATH (Ch	eck only one)		
1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/C	Outpatient 3 DOA 4		Residence	6 Other (Specify		
27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yel		WORK	AT 2 NQ	28d. DESCRIBE H	OW INJURY OCCU	UREO
2 Accident 3 Suicide 4 Homicide  2 Cartifular  2 Cartifular  2 Could not be detarmined  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  2 Cartifular  3 Cartifular  2 Cartifular  3 Cartifular  4 Cartifular  4 Cartifular  4 Cartifular  4 Cartifular  4 Cartifular  4 Cartifular  5 Cartifular  6 Cartifular  6 Cartifular  6 Cartifular						reet and Number o	or Rural Route Number,
	/SICIAN: To the best of my ki						d. cause(a) and menner es stat
295. SIGNATURE AND TITLE OF CERTIF	utini.			c. LICENSE NUI			SIGNED (Month, Day, Year)
-		line.		2646	26	<b>&gt;</b> -	/19/95
P.G. Rausch				k, MD	21701	/	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	7th St.	mdell.				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	the property of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of th
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4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  9. AGE (In yrs. last birthday)  1 X M 2 F 39  9. FACILITY NAME (If not institution, give street and number)  9. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION  10. CITY, TOWN OR LOCATION	RSEY  DE CITY S? 2 \( \text{NO}\) ITRY?  [TES an Indian, b.								
219-64-5427  1	RSEY  DE CITY S? 2 \( \text{NO}\) ITRY?  [TES an Indian, b.								
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HOLY CROSS HOSPITAL  RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY  MARYLAND  10c, CITY, TOWN OR LOCATION  DAMASCUS  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d, INSD  10d	2 NO ITRY? TES en Indien,								
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MARYLAND  MONTGOMERY  DAMASCUS  10e. STREET AND NUMBER  8 CLEARWATER COURT  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1	2 NO ITRY? TES en Indien,								
8 CLEARWATER COURT  20872  UNITED STAT  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2   YES 2   YES 2   YES 2   YES 2   YES 2   YES 2   YES 2   YES 2   YES 2   YES 3   YES 3   YES 3   YES 4   YES 2   YES 3   YES 4   YES 2   YES 3   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 5   YES 4   YES 5   YES 4   YES 5   YES 4   YES 5   YES 4   YES 5   YES 4   YES 5   YES 4   YES 5   YES 4   YES 5   YES 5   YES 5   YES 5   YES 5   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YES 6   YE	CES en Indian,								
11. MARITAL STATUS 1 New Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 VES 2 NO If Yes, specify Cuban, Marken, Puerto Rican, etc.) 1 New Married 2 Married 3 Widowed 4 Otherced Forces? 1 VES 2 NO If Yes, specify Cuban, Marken, Puerto Rican, etc.) 1 Sepecify only highest grade completed (life bind of work done during most of working life. Do NOT use refined) 10. Kind of work done during most of working life. Do NOT use refined life. Do NOT use refined life. SLOBINS 11. MARITAL STATUS 12. WAS DECEDENT'S EUCATION IN Yes, STATUS IN Yes, Specify: WHIT Yes, Specify Cuban, Marken, Puerto Rican, etc.) 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT Yes, Specify: WHIT	en Indian,								
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Elementary/Secondary (0-12)  College (1-4 or 5+) 4  TECHNICAL WRITER  GENERAL ELECTRIC COM  TECHNICAL WRITER  18. MOTHER'S NAME (First, Middle, Maiden Surname)  BERRI OMANSKY  19e. INFORMANT'S NAME (First, Middle, Maiden Surname)  BERRI OMANSKY  19e. INFORMANT'S NAME (First, Middle, Maiden Surname)  MARCUS SLOBINS  19e. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code)  MARCUS SLOBINS  P.O. BOX 18O — DAMASCUS, MARYLAND 20872  20e. METHOD OF DISPOSITION  W. BURIS 2 Cremetion 3 (Removel from State)  4 DODRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code)  P.O. BOX 18O — DAMASCUS, MARYLAND 20872  20e. LOCATION — City or Town, State  Complete Complete Complete Library  T/23 W. ROX, MA.  21. SIGNATURE OF EUNERAL SERVICE LICENSEE  DANZANSKY—GOLDBERG MEMORIAL CHAPELS,  1170 ROCKVILLE PIKE — ROCKVILLE, MARY  Apple MAMEDIATE CAUSE (Final diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arreat, interesting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MARCUS SLOBINS  196. INFORMANT'S NAME (First, Middle, Last)  MARCUS SLOBINS  196. MAILING ADDRESS (Street and Number or Flural Poute Number, City or Town, State, Zip Code)  MARCUS SLOBINS  196. MAILING ADDRESS (Street and Number or Flural Poute Number, City or Town, State, Zip Code)  MARCUS SLOBINS  196. MAILING ADDRESS (Street and Number or Flural Poute Number, City or Town, State, Zip Code)  MARCUS SLOBINS  197. MARYLAND 20872  208. METHOD OF DISPOSITION  Note (Specify)  208. PLACE AND DATE OF DISPOSITION (Name of Control of Computer Computer or Place)  208. METHOD OF DISPOSITION STATE  208. LOCATION — City or Town, State  208. LOCATION — City or Town, State  208. LOCATION — City or Town, State  208. LOCATION — City or Town, State  208. LOCATION — City or Town, State  208. LOCATION — City or Town, State  208. LOCATION — City or Town, State  208. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. LOCATION — City or Town, State  209. L									
MARCUS SLOBINS  19a. INFORMANT'S NAME (Type/Print)  MARCUS SLOBINS  19b. MAILING ADDRESS (Street and Number or Rural Roune Number, City or Town, State, Zip Code)  P.O. BOX 18C — DAMASCUS, MARYLAND 20872  20e. METHOD OF DISPOSITION  IN Burlal 2 Ceremetion 3 Kammoval from State  A Donation 5 Other (Specify)  21. SIGNATURE OF EUNERAL SERVICE LICENSEE  DANZANSKY—GOLDBERG MEMORIAL CHAPELS,  1170 ROCKVILLE PIKE — ROCKVILLE, MARY  22. NAME AND ADDRESS OF FACILITY  DANZANSKY—GOLDBERG MEMORIAL CHAPELS,  1170 ROCKVILLE PIKE — ROCKVILLE, MARY  23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arreat, interesting in death)  DIE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	<b>IPANY</b>								
19a. INFORMANT'S NAME (Type/Print)  MARCUS SLOBINS  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  P.O. BOX 180 — DAMASCUS, MARYLAND 20872  20b. PLACE AND DATE OF DISPOSITION (Name of Committee of Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Committee of Other (Specify)  21. SIGNATURE OF BUNERAL SERVICE LICENSEE  17/23 W. ROX, MA.  22. NAME AND ADDRESS OF FACILITY  DANZANSKY—GOLDBERG MEMORIAL CHAPELS,  1170 ROCKVILLE PIKE — ROCKVILLE, MARY  23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arreat, interesting in death)  BUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MARCUS SLOBINS  P.O. BOX 180 — DAMASCUS, MARYLAND 20872  200. METHOD OF DISPOSITION   Content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of									
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DANZANSKY-GOLDBERG MEMORIAL CHAPELS,  1170 ROCKVILLE PIKE - ROCKVILLE, MARY  23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arreat, interpretation on the complex of the mode of dying, such as cerdiec or respiratory arreat, in the such disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition an									
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shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  ACUTE RESPIRATORY DISTRESS SYNDROME  BUE TO (OR AS A CONSEQUENCE OF):  BUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	LLAND								
CAUSE (Disease or injury that initieted events resulting in death) LAST	2 WK								
PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO									
1 U YES	1								
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
27. MANNER OF DEATH 266. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED									
Netural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO									
2 Accident Investigation 3 Suicide 6 Could not be determined determined 4 Homicide determined									
	W;								
29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated.									
(Check only CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated.									
(Check only One)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated.  (Check only One)  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner.	ner an stated.								
(Check only 12 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day)	ner as stated.								
(Check only 1 CERTIFYING PHYSICIAN: to the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  MD 3/362  29d. DATE SIGNED (Month, De)  7-2/-	ner as stated.								
(Check only 2 MEDICAL EXAMINER: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated.  2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day	ner as stated.								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1	1. DECEDENT'S NAME (First, Middle, Last) RICULORO G.	SHALL ghi	ssy	2. DATE OF DEATH MONTH DAY YEAR 2. GC						
MANAGE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO S	4. SOCIAL SECURITY NUMBER 5. SEX 531100073 1 1 M 2 - F	84 YRS.	F UNDER 14 EAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  8. BIRTHPLACE (State or Foreign Country) WASHINGTON						
STOR	Pe. FACILITY NAME (If not institution, give street and number)  HOWARD CO. Cream of H  RESIDENCE OF DECEDENT	A 1	Columbia	DEATH Sc. COUNTY OF DEATH						
. DIRECTOR	10a. STATE  10b. COUNTY  HOWARD  10a. STREET AND NUMBER	- 1	TOWN OR LOCATION	10d. INSIDE CITY LIMITS? 1 2 YES 2 NO						
FUNERAL	5400 vantage Poir		2104	USA	FIZEN OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	EVER IN U.S. ARMED  YES 2 NO IR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci		14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +	16a. DECEDENT'S US (Give kind of work Me. Do NOT use n Salesman	k done during most of working etired.)	PATION 16b. KIND OF BUSINESS/INDUSTRY Continental Can						
MO	17. FATHER'S NAME (First, Middle, Last)	Salesman		AME (First, Middle, Melden Surname)	Call Colliapity					
BE C	Francis Shaughnessy		3.64	Maybelle Reed						
10 B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AL		Route Number, City or Town, State, Z	ip Code)					
F	Patricia S. Howard	1113 M	Mainsail Dr.,An	mapolis, Md. 2	1403					
	20a. METHOD OF DISPOSITION  1	20b. PLACE AND DATE OF I cometery, crematory of other MCCTODO11CA	DISPOSITION (Name of Crematory 7-	DATE 20c. LOCATION -	- City or Town, State					
	21. SIGNATURE OF FUHERAL SERVICE LIQUISEE	111	22. NAME AND ADDRESS OF F	ACILITY						
	labort. Detla	V	DeVol Funeral		shington,DC 20007					
	23. PART. Enter the diseases, or complications that shock, or heart failure. List only one cause immissionate CAUSE (Final disease or condition resulting in death)  DUE TO (	ch as cardiac or respiratory as	Approximate interval Between Onset and Death Seculosis							
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY FIN ARLABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO									
AN	25. WAS CASE REFERRED TO MEDICAL									
SICI	EXAMINER? HOSPITAL:		26. PLACE OF DEATH (CI							
BY PHY	27. MANNER OF DEATN  1. Natural 5 Pending 2 Accident Investigation	NJURY 28b. TIME C	F 28c. INJURY AT	77						
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of axi									
TO BE	296. BIGNATUME AND TITAL OF CENTRALER	31	DZZ	856 1	TE SIGNED (Month, Day, Year)					
-	J. Levise MO 110	55 Littlet	Freeksot Pla	Coleman	ms 2(044					
	31. DATE FILED (Month, Day, Year) 1993 32. REGISTRAF	Day about Mandall		) / -						

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.							
	1. DECEDENT'S NAME (First, Middle, Last)  ANGELA MARIL	Angela 1 SHRIE	Marie Shrieves	2. DATE OF DEATH MONTH	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A	GE (In yrs. last birthday)	UNDER 1 YEAR   IF UNDER 24 HRS.   NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)			
	9e. FACILITY NAME (If not institution, give street and number)	01	CITY, TOWN OR LOCATION OF DE		Ohio C. COUNTY OF DEATH			
DIRECTOR	7105 24 M AVENUE		+YATISVILL	6 1	PNUE GEORGES			
IREC	10a. STATE 10b. COUNTY		DWN OR LOCATION		10d. INSIDE CITY LIMITS?			
	MD PRINCE UEOR	OE'S H	14TTSVILLE		1   YES 2   NO			
FUNERAL	7105 24 m avenue		2078		USA			
BY FUR	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVIEW FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES?	ES 2 7 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexicar 1 YES 2 NO Specify	, Puerio Ricen, etc.)	No- 14. RACE - American Indian, Black, White, etc. Specific			
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	done during most of working	16b. KIND OF BUSINE				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Homemak	lired.)	Oran Has				
COM	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAM	Own Hot ME (First, Middle, Maiden Surr				
BE	George Brew  19a. INFORMANT'S NAME (Type/Print)	195 MAILING ADI	Agnes  ORESS (Street and Number or Rural R	Madden				
2	Paul Shrives		ex_Way, Dayton		tanii, Zip Gode)			
	20s. METHOD OF DISPOSITION  1 Surial 2 Cremetion 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Town, State							
13	Donation 5 Other (Specify)      St. SIGNATURE OF FUNCSAL SERVICE LICENSEE	St. John's	Cemetery 0	7/17/93 For	rest Glen, MD naldi Funeral Home			
	Mulio & Kenalden		11800 New Hamps	shire Ave,	Silver Spring, MD			
ITION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, above, a heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  Oue TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d							
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I.  248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 248. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Che	ck only one)				
HYSI	1 YES 2 NO t   t   Inpetient 2   ERI/C 27. MANNER OF OEATH   28e. DATE OF INJU	Outpatient 3 DOA 4 D	HER:   Nursing Home 5   Residence					
ВУ Р	1 Naturel 5 Pending (Month, Dey, Ye.	n) INJURY	M 1 YES 2 NO	28d. DESCRIBE HOW INJUI	RY OCCURED			
	3 Suicide 6 Could not be determined 28s. PLACE OF INJ building, etc. (	URY — At home, farm, street Specify)	t, factory, offica	281. LOCATION (Street and It City or Yown, State)	Number or Rural Route Number,			
COMPLETED	as stated.							
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  CALL CONTROL OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DUTY MEE		852 1	DATE SIONED (Month, Day, Year)			
	PAUL A, DELET M 31. DATE FILED (MONTH), Day, Mari	1042034	veens bury	Rd Hya	thille MD 2020			
	JUL 19 1993 Julia David	son-Randell						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	i
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, La					2. DATE OF DEATH		3. TIME OF	DEATH	
	Violak. Si	hapira-				7 /2	YEA - G		10 H	
	4. SOCIAL SECURITY NUMBER 326 18 1480	1 - M 2 NF 94	in distance in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the					7. DATE OF BIRTH 8. BIRTHPLACE (State of LICEUMEY) NOIS		
OR	98. FACILITY NAME (If not institution, gi WASHINGTON AD	VENTIST HOSP			A PARK	ATH	9c. COUNTY O	F DEATH GOMERY		
EG	RESIDENCE OF DECEDENT  10a. STATE  10b. COL		10c CITY	TOWN OR LOCAT	ION			Land Morne	Auru	
L DIRECTOR	MD. MO	NTGOMERY	7.7	OMA PA	RK			10d. INSIDE	2 NO	
FUNERAL		7 (7 E)		101	ZIP CODE			F WHAT COUNT	RY?	
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	15. DECEDENT'S I (Specify only highest gi	EDUCATION rade completed)	16a. DECEDENT'S U	SUAL OCCUPATION And Author Money	N nt of working	16b. KIND OF BUS	SINESS/INDUSTR	Y		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) ONE	Ille. Do NOT use	retired.)	CLERK					
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Sumame)			
BE (	1,5SAC	KAH	N		AMALI	A OEST	REICHE	ER		
2	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town				
	EMALIE LORENS					W. WASHI			2001	
	**ROMETHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 R	amoval from State 20b.	PLACE AND DATE OF etary, crematory or oth ENWOOD	DISPOSITION (Na er place)	ma of		CATION — City of			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	ENWOOD			7/16/93				
	mulil	2 Bu	14	ST N.	W. WASH	AL HOME; INGTON,	D.C. 2		RROLL	
	23. PART I. Enter the diseases, a	or complications that caused re. List only one cause on as	the daeth. Do no	t entar the mo	da of dying, such	as cardiac or respi	ratory arrest,		oximata	
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	disease or condition a. Rull filler									
	OUE TO (OF AS A CONSEQUENCE OF):									
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F	resulting in dasth) LAST	· Urosansi	9							
	PART II. Other significant condit	lons contributing to death by	et mot ensulting to	the seed of the	and the same			1		
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Σ								1   YES 2	t □ NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	k only one)				
Sic	1 Yes 2 Jus	HOSPITAL: 1 67 Impatient 2 □ ER/Outpa		OTHER:	Name of the second	Other (Specify)				
	27. MANNER OF DEATH	28s. DATE OF INJURY	26b. TIME	OF 28c INJU	IRY AT	28d. DESCRIBE HOW IN			-	
B	1 Afetural 5 Pending 2 Accident investigation			107	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon					
	3 Suicide 8 Could not 4 Homicide detarmined		At home, farm, str	eet, factory, office		281. LOCATION Street a.	nd Number or Rur	al Route Number,		
PP.		IYSICIAN: To the best of my knowle								
COMPLETED	2 MEDICAL EXAM	IINER: On the basis of examination	and/or investigation,	in my opinion, de	eath occured at the ti	me, data and place, and	d due to the caus	e(a) and menner	as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIF	FIER			29c. LICENSE NUME	DER .	29d. DATE SIGN	IED (Month, Day,	Year)	
0	unlan Els	on NIV			D20362		► 7/13/	193		
	30. NAME AND ADDRESS OF PERSON ELS		TH (ITEM 27) (Typo, F	inn)	Rd.	HypH	Sville	, md		
	31. DATE FILEO (Month, Day, Year)	132 REGISTRAR'S SIGNA	TURE		/	1	1			

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

									9	33	5510	17
	1 - STATE REGISTRAR	STATE OF MA			TMENT OF H		D MENTA	L HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		YEAR	3. TIME OF DEATH	н
	Theodore Sylv	ester Si	laught	er			MONT			93	7:05	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	s. 7. DATE	OF BIRTH		8. BIRTH Countr	PLACE (State or For	eign
	579 40 6533	1 🔀 M 2 🗌 F	78	YRS.	MONTHS DAYS	HOURS MIN		26/11	5		m hingto	n Do
	9e. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY, TOWN	OR LOCATION OF		20/ 1	9c. COUN			II . D
¥	1550 01d Pisca	taway R	nad		Fort	Washi	naton		Prin		George	1 0
DIRECTOR	RESIDENCE OF DECEDENT	caway it					II g C O II		11 1 11			-3-
肥	10a. STATE 10b. COUNTY				Y, TOWN OR LOCA					- 1	10d. INSIDE CITY LIMITS?	
- 113	Maryland Princ	e George	e's	For	rt Wash	ingto:	n				1 X YES 2 1	NO
¥	10e. STREET AND NUMBER				100		10g. CITIZ	EN OF V	VHAT COUNTRY?			
FUNERAL		1550 Old Piscataway Road				20744						
5	11. MARITAL STATUS  1 Never Merried 2 Theoried	12. WAS DECEDENT I	YES 2	MED O	If yes, sp	ENDENT OF HIS	xican, Puerto	1? (Specify Yes Rican, etc.)	or No-	14. RACE Black	E — Americen Indie k, White, atc.	n,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAT	OR DATES		1 TYES	2 NO Sp	eclfy:			Speci	Black	
	15. DECEDENT'S EDUC	ATION	16a, DEC	CEDENT'S	USUAL OCCUPATION	ON	188	. KIND OF BUS	SINESS/INDI	USTRY	DIACK	
	(Specify only highest grade of Elementery/Secondery (0-12)	completed) College (1-4 or 5+)	(Gh	ve kind of Do NOT u	work done during mo se retired.)	sl of working						
7	12th	Sollege (1-4 of 5 1)	Me	SSEI	nger		11	SF	'eder	a 1	Govern	ment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			000.	-502	18. MOTHER'S		Middle, Maiden			OU V C I II	псп
	James Thomas S	laughter	r			Anna	ahe1	Lewis				
BE (					G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20744					4		
2	Martha Slaught	er	1	550	Old Pi	scata	wav R	d. Fo	rt W	ash	ington	
	20a, METHOD OF DISPOSITION		20b. PLACE (	OF DISPO	SITION (Name of ce				CATION —			
	1 N Burial 2 Cremation 3 Remo	val from State	Mar v		l Natio	nal Ce	emete	ry I	aure	1	Marvla	n d
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSETE ()			22. NAME A	ND ADDRESS OF	FACILITY					
	×40.111	5/ 81	92210	010		ms Fu						608
	23. PART I. Enter the diseases, or co	omnilications that	ep Mo								ryland Approxima	nto.
	ahock, of heart fallure. I	lat only ona cause	on aach lina.		not ones the m	ac or aying,	50011 pa 0a1	arao or roop	natory and	, , , , , , , , , , , , , , , , , , ,	Interval Ba	atween
	IMMEDIATE CAUSE (Final disease or condition	or condition							Offiser and	Daatii		
	resulting in death)	DUE TO (C	OR AS A CONSEC	DUENCE O	FI:	WOMA	DT	LUNG			177	-
_												
CERTIFICATION	Sequentially list conditions,  If any, leading to immediate											
CAT	cause. Enter UNDERLYING											
Ē	CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSEC	UENCE O	F):							
FE	resulting in death) LAST	l										
-	PART II. Other algorificant conditions	contributing to d	leath but not r	egulting	In the underlyin	a causa alver	in Part I	24a. WAS AN	AHTORSY	244	. WERE AUTOPSY FI	NUMBE
SAL	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			counting	in the enderlyin	g cadaa givei		PERFO			AVAILABLE PRIOR	TO
Ö								1 TYES 2	NO D		OF DEATH?	NO02
Σ											1  YES 2  N	10
PHYSICIAN: MEDICAL	as was over personen to menous							L				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH						
ΙΥS	1 YES 2 NO 27, MANNER OF DEATH	1 Inpatient 2 I		□ DOA	4 Nursing Hor	DURY AT		SCRIBE HOW	N II II II O CCC	NIBED		
	1 Netural 5 Pending	(Month, Day			JURY W	ORK?		SCHIBE HOW	INJUNY OCC	OHED		
2 Accident Investigation							or Rumi	Boida Number				
ED	3 Suicide 8 Could not be 4 Homicide determined	building, e		ina, tattii,	arreot, radiory, orni	, •		or Town, State,		or rieven	riodio riamon,	
ET	29e. CERTIFIER	2.15				<u></u>						
COMPLET	(Check only	CIAN: To the best of m									a) and ma	ana - d
00	2 MEDICAL EXAMINE		mmnation and/or I	iiveatigati	on, in my opinion,			e ena piece, ei			***	urted.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	1/1				29c. LICENSE	NUMBER	>			(Month, Day, Yeer)	
2	30. NAME AND ADDRESS OF PERSON WHO	2 hyells	OF DE / T	u an a	D/-W	200	13 48		7	- 15	7.93	
	III JV. HAME AND ADDRESS OF PERSON WIN	J COMPLETED CAUSE	OF DEALH (ITE	W 271 ( IVD)	n. rTIBU							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JUL 26 93

32. REGISTRAR'S SIGNATURE

FOR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	CATE OF	DEATH	REG	i. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Jae Tl. Suh					16 DAY 1993		TIME OF DEATH
		yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, M. Jan 01.	(nar)	8. BIRTHPL Country) Korea	ACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give street and number)  8532 Storch Woods Drive #1 A		sb. city, town of Savage	OR LOCATION OF DE		9c. COU	ward	тн
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		Y, TOWN OR LOCA	TION				0d. INSIDE CITY LIMITS?
	Nevada Clark	Las	s Vegas				1	X YES 2 NO
RA	3974 Belhaven Street		101. ZIP CODE 89117			100	izen of wh Korea	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2 X NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIG			Ify Yea or No-	- American Indian, Whits, atc. Oriental	
	15. DECEDENT'S EDUCATION 1	6a. DECEDENT'S	USUAL OCCUPATI	ON	18b. KIND (	OF BUSINESS/IN		OLIEILAL
COMPLETED	(Specify only highest grade completed)  Elsmentary/Secondary (0-12) College (1-4 or 5+)		work done during mo se retired.)	ost of working		-		
N N	Grade 12	Chef			Hote	<u>l</u> .		
00	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, M	Maiden Surname)		
BE	Joon Yong Suh				e Choe			
2	19a. INFORMANT'S NAME (Type/Print)			and Number or Rural				7
	Young Suh 20s. METHOD OF DISPOSITION 20b. P			St. Las		Nevada - LOCATION -		
	1 Rurial 2 Cremetion 3 VRemoval from State	ther place)		Mem. Par		Las Veg		
	4 Donation 8 Other (Specify) Pa.	rin varre		ND ADDRESS OF FA		Las veg	as, IN	evaua
	· 111/10 8/01			dson Fun				
	N.Will to	≤		Calbott A				
	23. PART I. Enter the dieeases, or complications that caused t ahock, or heart follows. List only one cause on each	he deeth. DD r h line.	not enter the mo	ode of dying, suc	h ae cerdlec Dr	reepiratory er	rest,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition		ic Colon Cancer					Onset and Death
				Cancer				344
	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING							
RTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST							
S	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING							
PHYSICIAN: MEDICAL	PART II. Other algrimicent conditions contributing to death but	not reauting	in tha underlyir	ig ceuse given in	F	PERFORMED?		WAILABLE PRIOR TO
O.						YES 2 DIO		OF DEATH?
Σ					-		'	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		28 F	LACE OF DEATH (C)	hack any ana)			
SICI	EXAMINER?  HOSPITAL:  1   Inpatient 2   ER/Outpet	lant 3 DOA	OTHER:	me 5 - Residence	,	m Frier	11 2°00	ouse llongterm
H	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIM	IE OF 28c. IN	JURY AT		HOW INJURY OF		Che Che
BY P	1 Natural 8 Pending (Month, Day, Year)	IN.		ORK? YES 2 NO				
	2 Accident investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY – building, atc. (Specif)	At homs, farm,	street, factory, offi	ca	28f. LOCATION City or Town	(Street and Number, State)	er or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 CERTIFYING PHYSICIAN: To the bes							and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER Deput	ME		29c, LICENSE NU	MBER	29d. DA	TE SIGNED A	Month, Day, Year)
BE	lataria + lace mo House	J ME	who	D 31	1 - 2	<b>&gt;</b>	1	13
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEAT	TH (ITEM 27) (Type	p, Print)		1		.1 -11	1
	DATINGE A. TOLE, NO 45,516	in livele	C	28124	1 Ch N	10 210	547_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

31. DATE FILED (Month, Day, Year)

JUL 1 9 93

32 REGISTRAR'S SIGNATURE
Fichia Dzirdson-Randalle

**DHMH-18 Rev 1/89** 

		1 - STATE REGISTRAR		CE				DEATH	IVILIV IA	REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH								3.	TIME OF DEATH		
		John Sewell Sr.,								July, 11 1993		93	М
_		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE						IF UNDER 24 HRS. HOURS MIN.	7. DATI	TE OF BIRTH 8. BUT		BIRTHPL Country)	ACE (State or Foreign
GO CO		214-12-2000	1 ← M 2 □ F	81	YRS.	- Continue	DAYS	HOURS MIN.	May	th, Day, Year)	1912	Ear	villeMD
		9a. FACILITY NAME (If not institution, give atre	et and number)					LOCATION OF	DEATH		9c. COUNTY OF DEATH		
	Ē	Union Hospital Elkton Cecil											
146	DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON				10	d. INSIDE CITY
2		MD Ceci.	1		E11	kton,	M	arylan	d			i	LIMITS?
permit	FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
ing physician.		412 Douglas A		cilt		MD					U.	S.A	
hysicia urial-t	[ 표	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	If yes, specify Cuban, Mex				ANIC ORIGIN? (Specify Yea or No- 14 can, Puerto Rican, etc.)			4. RACE — Black, W	American Indian, /hita, etc.	
the ba	l Mal	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 🗆 YE			YES 2 NO Specify:				Specify: Black	
as en	TO BE COMPLETED	15. DECEDENT'S EDUCA	ATION	18a. DEC	CEDENT'S	USUAL OCC	UPATION	(	16	b. KIND OF BU	SINESS/INDUS	STRY	DIACK
10 7		(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gh	ve kind of a Do NOT us	work done dur	ing most	of working					
ig B		7th .		L	abo.	rer				Const	ructi	on	
		17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First,	Middle, Malden	Sumame)		
ed by		Andrew Sewell						Anniė		well			
retained 5 should notified		19a. INFORMANT'S NAME (Type/Print)						d Number or Rural			14177		
		Hester M. Sewe.				DOUGL		Avenu	7	ecilt			
e 6 may ector, pa		20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		metery, cren	natory or o	ther place)			DA		CATION — CH		
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE .	ount	dIII	Cem		ADDRESS OF F	ACILITY	/ 1 Bj	<u>gW</u> oc	ods	, MD
the funeral director, page wal.	3	Howard C. Hevenson's Funeral Home											
E SE S		23 PART I Soler the disease or completion the bound in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second											
24 hours after filled in by the on, or remove the medical		snock, or ngart failure. List only one cause on each line.											
24 filon, the		IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a.   Atastatic Cuncer  a.   Atastatic Cuncer											
completely fal, cremati	ı	DUE TO (OR AS A CONSEQUENCE OF):											
executed within and completely o burial, cremar matic event,	z	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
e be execut sician and c orior to buria traumatic	CERTIFICATION												
ertificate be ing physicia rgiene prior other trau	2	CAUSE (Disease or injury											
0 6 4	E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
he death the atten Mental H	CE	d.		- 57									
= - =	DICAL	PART ii. Other significant conditions	contributing to death i	but not re	auiting	in tha unde	riying	ceuse given in	Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
es that gned by saith an	ă	1 □ YES 2 → NO COMPLETION OF OF DEATH?							MPLETION OF CAUSE DEATH?				
w requires been sign pt. of Healt 3 shows	ME											1 (	☐ YES 2 ☐ NO
has by Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 DI A	CE OF OEATH (C				1	
N: The ficate h State	SIC	EXAMINER?	HOSPITAL:	netlant 3 [	DOA.	OTHER:							
PHYSICIAN: The this certificate with the State rked, or Item	¥	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIM	E OF 28	c. INJU		_	SCRIBE HOW I	NJURY OCCU	REO	
DING PHYSI After this c death with s marked,	ВУВ	1 Natural 5 Pending 2 Accident Investigation	(INOTO), Day, Tour)		INJ	M	WOR:	S 2 NO					
ATTENDING PHYSICIAN: The law CTDR: After this certificate has b s after death with the State Dept 28 Is marked, or item 23		3 Suicide 6 Could not be	3 Suicide 6 Could not be 28e. PLACE OF INJURY — Al building, etc. (Specify)			nome, farm, street, factory, office			26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
OR ATTENDING DIRECTOR: After hours after death Item 28 Is ma		← Homicide determined											
보 그 ~ 누	COMPLETED	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	Ö	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(a) and manner as stated.											
THE H filed w	BE (	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUM			MBER	BER 29d. DATE SIGNED		IGNED (Mo	onth, Day, Year)
6 6 8 M	5	Sailara & Misey M				025			91	915 7-11-93			93
		Dr. Barbara Parey P. O Box 670 Cecilton MD 21913											
		31. DATE FILED (Month, Day, Year)	12. REGISTRAR'S SIGN	Pande	02_								

BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia
BAI	24 hours after dea
760,	ed within 2
X 68	e execute
. BO	iffcate b
P.0	eath cer
RDS	at the de
RECO	requires th
LAL	The law
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING F
$\leq$	DR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
,	1. DECEDENT'S NAME (First, Middle, Last)	z Shaw		2. DATE OF DEATH DAY O 7 27	YEAR	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5				IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/31/02  8. BIRTHPLACE (State or Foreign Country) Indiana					
<u> </u>	9a. FACILITY NAME (If not institution, give stree			CITY, TOWN O	R LOCATION OF DE	EATH 9c. COUNTY OF DEATH					
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		10c. CITY, TO	OWN OR LOCAT	ON	10d. INSIDE CITY					
	Maryland 100. STREET AND NUMBER	Harford	В	el Air	ZIP CODE		LIMITS?  1 ☐ YES ZANO  WHAT COUNTRY?				
FUNERAL	130 N. Lynbrook Ro	ā.		101.	21014		A.				
	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, spe	ENDENT OF HISPANI ocity Cuban, Mexican 2X NO Specify:	C ORIGIN? (Specify Yes or , Puerto Rican, etc.)	E — American Indian, ck, Whita, etc. city: hite				
LETED		College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos		16b. KINO OF BUSIHESS/INDUSTRY					
COMPL	12 17. FATHER'S HAME (First, Middle, Last)	Teacher		18. MOTHER'S HAM	School System  ME (First, Middle, Meiden Surname)						
ш	Clarence McClure	Clarence McClure Young				May McCle					
0 8	19a. INFORMANT'S HAME (Type/Print)					oute Number, City or Town,					
	Mrs. Jane Armstron  204. METHOD OF DISPOSITION					Bel Air, M	aryland				
	1 Seurial 2 Cremation 3 Seamoval from State						s Cross				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							uneral Home, P.A.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)										
2	DUE TO (OR AS A CONSEQUENCE OFF) a citat										
HIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
that initiated events resulting in death) LAST  The that initiated events resulting in death) LAST  The that initiated events resulting in death) LAST						eneral	alyed				
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY PERFORMED?, 1 YES 2 NO  24b. WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 HO										
PHYSICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?										
בֿ ב	1 YES 2 100 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
7	27. Mahara O DEATH    Hatural 5   Pending   Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 Y	RK?	28d. DEŞCRIBE HOW INJ	URY OCCURED				
	3 Suickle 8 Could not be determined	At home, farm, stree	t, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29s. CERTIFIER (Check only One) 2 MEDICAL EXAMIHER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.										
# E	296. SIGNATURE AND TITLE OF CERTIFIER M. D. 28c. LICENSE NUMBER 29d. DATE SIGNED (Month/Day, Year) 7/27/G3										
2	BEN OTEXA - 846 S. MAIN ST. DE AIR MD. WINK										
	JUL 27'93	32. REGISTRAR'S SIGHA			,						



APO A	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART CERTIFI	MENT OF H		MENTAL HYGIEN		22123
1. DECEDENT'S NAME (First, Midd					2. DATE OF DEATH	DAY YEAR	3. TIME OF OEATH
Dona		Smith			July 25,	1993	2:47 P.M.M
4. SOCIAL SECURITY NUMBER 307-24-7676		AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Nov. 13,	Cou	THPLACE (State or Foreign ntry)
9e. FACILITY NAME (If not institution		52 YRS.					iana
512 Woodbury			Bel A	R LOCATION OF DE	EATH	9c. COUNTY OF	
RESIDENCE OF DECEDE			Det W	LF		Hari	ord County
	COUNTY	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland H	arford County		Bel Air				1 E YES 2 NO
	T.Ť		101	ZIP CODE			WHAT COUNTRY?
512 Woodbury	12. WAS DECEDENT EV	/ED IN II S ADMED	12 344 000	21014	110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	U.S.	
1 Never Merried 2 K Marri	ECONORIOS . MP	YES 2 NO	If yes, sp	ecify Cuben, Mexica	NIC ORIGIN? (Specify Year, Puerto Ricen, atc.)	Bla	CE — Americen Indien, ick, White, etc.
3 Widowed 4 Divorced	WW 2	ON DATES	1 LI YES	2 NO Specify	y:	Whi	te
15. DECEDEN (Specify only higher	T'S EDUCATION est grade completed)	18a. DECEDENT'S U	ISUAL OCCUPATION	ON st of working	16b. KIND OF BU	ISINESS/INDUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)				
12	2	Buyer/Ma	nager		Orienta		
17. FATHER'S NAME (First, Middle,		Ch., 4.1.			ME (First, Middle, Maiden	Surname)	
George  190. INFORMANT'S NAME (Type/Pr	0. Wit 6638 0852	Smith	DDDGGG (C)	Maı	1de Route Number, City or Tow		eck
Mrs. Margaret							4.1.
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3		20b. PLACE AND DATE OF			Air, Mary	Tand City or	
1 Burlet 2- Cremetion 3 4 Donetion 5 Other (Spec	Removal from State	cemetery, crematory or oth			200.20	out of a city of	iowii, State
21. SIGNATURE OF FUNERAL SER	NICE LICENSEE Joseph	W. Foster	22. NAME AP	D ADDRESS OF FA	CILITY Foster	Funeral	Home
- Comer	ireli-tratio		50 V	Vest Bros	rew & vento	77 tome S	treet
23. PART I. Enter the disees	ea, or complications that ca	used the deeth. Do no	ot enter the mo	da of dving, auci	ryland 210	14	Approximata
ahock, or heart f	fallura. List only ona cause	on each line.					Interval Batwean Onset end Death
disease or condition resulting in death)	Purstate	ame					Onset sind Seath
readiting in death)	OUE TO (OR	AS A CONSEQUENCE OF)	:				
Consensially that conditions	<b>6</b>						
Sequentielly list conditions, if any, leading to immediate	OUE TO (OR	AS A CONSEQUENCE OF)	•				
cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR	AS A CONSEQUENCE OF					
that initiated avanta resulting in deeth) LAST	50E 10 (0H	AS A CONSEQUENCE OF	•				
	d						
PART II. Other eignificent co	inditions contributing to dee	eth but not reculting in	the underlying	ceuee given in	Pert I. 24e. WAS AN PERFOI		b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
- ma					1 _ YES :		COMPLETION OF CAUSE OF DEATH?
					_		1 TES 2 NO
25. WAS CASE REFERRED TO MED							
EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che			
27. MANNER OF DEATH	1  Inpatient 2 ER				8 Other (Specily)  28d. DESCRIBE HOW	IN ILIEN OCCUPED	
1 Natural 5 Pendi	ng (Month, Day, Y			RK?	zeu. Describe non	INJUNT OCCURED	
2 Sulpido	28e. PLACE OF IN	JURY — Al home, farm, at			28f. LOCATION (Street	and Number or Rural	Route Number.
4 Homicide determ		(Specify)			City or Town, State,		
29e. CERTIFIER 1 X CERTIFYING	G PHYSICIAN: To the beel of my	knowledge, death occurred	at the time date	and place, and due	to the councies and	Door on whited	
	EXAMINER: On the beele of exami						(e) end menner es stated.
29b. SIGNATURE AND TITLE OF C	entiries / c.	Inal	)	29c. LICENSE NUM			O (Month, Day, Year)
IVENK C	lela lam	NVX		D34521		July 2	
30. NAME AND AODRESS OF PERS	SON WHO COMPLETED CAUSE O	F OEATH (ITEM 27) (Type, I	off	ice 666_	8710	I outy	L77)
Mark A. Lamos	s. M.D. 3334	Paper Mill				21121	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		,	Her Arguro	<i>(</i> , )	
JUL 2	0 93 Jul	ia Davidson-Par	ndell				

1000	5	permit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Press 1.2.1 should be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE	TO THE	IMPO

FOR

	REGISTRAR	ERTIFI	CATE O	F DEATH		REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE O	F DEATH			. TIME OF DEATH	
	Kemp Overton	St	teven	S	MONTH T117	y 12	AY 1.0	YEAR	5:55 A M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. las		IF UNDER 1 YEAR		7. DATE O		, 19		ACE (State or Foreign	
	218-16-8489   XM 2   F   84		MONTHS DAYS		(Month,	Day, Year) 0-19	08	Country)	yland	
Œ	98. FACILITY NAME (If not institution, give street and number) Memorial Hospital at Easton	n	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE							
유	RESIDENCE OF DECEDENT		LAS	Lon			Ta	<u>lbot</u>		
Ĭ,	10a. STATE 10b. COUNTY	10c. CITY,	10c. CITY, TOWN OR LOCATION 10d. INS							
DIRECTOR	Maryland Talbot	Ea	ston						LIMITS?	
	10e. STREET AND NUMBER			101. ZIP CODE			10g, CITI		AT COUNTRY?	
NER	9690 Cordova Road			21601			US			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 X Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES	MED	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 X NO Specif	an, Puerio Ric	(Specify Yea can, atc.)	or No—	Specify:	- American Indian, White, etc.	
	15. DECEDENT'S EDUCATION 16a. DE-	CEDENT'S U	SUAL OCCUPA	TION	16b. F	(IND OF BUS	SINESS/INC		white	
4	(Gillien Elementary/Secondary (0-12) College (1-4 or 5 +)	ive kind of wo Do NOT use	ork done during .	most of working						
COMPLETED		echa	nic			_		Busin	ess	
8	17. FATHER'S NAME (First, Middle, Last) Harvey O. Stevens			18. MOTNER'S NA						
BE					velyn	-				
2	19a. INFORMANT'S NAME (Type/Print)  John T. States	MAILING A	DOSESS (Street	t and Number or Rural	Route Number	City or Town	n, State, Zip	Code)	2007	
				7284, Ai		7				
	209. METNOD OF DISPOSITION  1 Note: Burial 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)	AND DATE OF matery or oth	DISPOSITION	metery	OATE	20c. LO	CATION —	City or Town	, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	g H1.	TT CE	Metery AND ADDRESS OF FA	1-T2	Ea	ston	, MD		
			New	nam Fune	ral	Home	. р	Δ		
	JOHN R. MERCERON CF	52=	200	S. Harı	cison	St.	, Ea	ston	, MD	
	<ol> <li>PART I. Enter the diseases, or complicatione that caused the da shock, or heert fellure. List only one ceuse on each line.</li> </ol>	ath. Do no	t entar the n	noda of dying, suc	ch ae cerdis	c or respi	retory arr	est,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  a. Congestive House Pariner									
	DUE TO (OR AS A CONSEC	DUENCE OF):								
CERTIFICATION	Sequentially list conditions,  Due TO (OR AS A CONSEQ	HENCE OF								
¥	cause. Enter UNDERLYING	,								
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEC	DUENCE OF):	SELBS							
	resulting in deeth) LAST									
22										
DICAL	PART II. Other significant conditions contributing to deeth but not re	eeuiting in	the undarly	ng ceuee given in		PERFOR	MED?	Al Ci	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
WE								1	YES 2 NO	
ÿ										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	neck only one)					
IYS	1 YES 2 NO 1 Impatient 2 ER/Outpatient 3	DOA 4	☐ Nursing Ho	ome 5 - Residence	6 Other (	Specify)				
	27. MANNER OF DEATN  1. ✓ Natural 5 ☐ Pending  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY V	NJURY AT YORK?	28d. DEŞCI	RIBE NOW IN	JURY OCC	CURED		
ğ	2 Accident Investigation			YES 2 NO						
TED	3 Suicide 8 Could not be 4 Homicide 8 determined 28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, rarm, atr	eet, tactory, of	rice	26f. LOCAT City or	ION (Street a Town, State)	nd Number	or Rural Rou	te Number,	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, des								-	
Į į	one) 2 MEDICAL EXAMINER: On the basis of examination and/or in	nvestigation,	In my opinion,	death occured at the	time, date ar	nd place, and	due to the	e cause(a) a	nd manner as stated.	
ш	296, SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER		29d. DATE	SIGNED (M	onth, Day, Year)	
8	- Lall			D4500	1		▶ 37	SI JC	. 93	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM									
	WILLIAM J. CURRY MD, 508	Idle	wild	Avenue,	East	on,	MD 2	21601		
	31. DATE FILED (Month, Dev. Year) 32. REGISTRAR'S SIGNATURE									

S			
2			
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1		1	(
	1	1	1

	REGISTRAR		CERTIF	ICATE O	F DEATH	RE	G. NO.					
- 1	1. DECEDENT'S NAME (First, Middle, Last)	WILLIE	SMITH			2. DATE OF D	EATH 7/9/	93	3. TIME OF DEATH			
1 "	WILLIE UM.	1 TH				MONTH 7	DAY	43	2 P			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BE			7/"			
				MONTHS DAY		(Morith, Day, 9/30)		8. BIHTH	PLACE (State or Foreign (Y)) ER CITY GA.			
	_577 09 3168 A	11	82 YRS.	757	141 151		TU	LUMB	ER CITY GA.			
	9a. FACILITY NAME (If not institution, give a			9b. CITY, TOW	N OR LOCATION OF	EATH	9c. CO	UNTY OF D	DEATH			
8	PRESIDENTIAL WOO	DS NURSING H	OME	AI	ELPHI		PR	INCE	GEORGES			
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY			
5 I	DC NO	NE	WA	SHINGTO	N DC				LIMITS?			
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT											
8												
뿔												
교	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — Am 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. Yes 2 No 17. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 18. RACE — Am 19. Black, White 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT O											
ВУ												
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUP	TION	16b. KIND	OF BUSINESS/II	NDUSTRY				
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during se retired.)	most of working							
ᆲ	05	(	PRINTER	(RET.)		US	GOVERNI	MENT				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			`/	40 444							
	STEPHEN SMI	тц			1	AME (First, Middle,						
핆		1П			PRICI		BELL					
5	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADORESS (Stre	et and Number or Rura	Route Number, Cit	y or Town, State, 2	Zip Code)				
-1	GRACHEN E SMITH		3114	NEWTON	ST NE	VASH DC	20018					
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION	(Name of	DATE	20c. LOCATION -	- City or To	wa State			
	1 🔀 Burlet 2 🗆 Cremation 3 🗆 Ram- 4 🗆 Donation 5 🗆 Other (Specify)	oval from Stata Cel	ORT LINC	OIN CEN	FTEDV	7/16		- Control of the				
- 1	21. SIGNATURE OF FUNERAL SERVICENCE		OKI LING				BRENTWO					
	0019	// /		ALEX	ANDER S	OPE FUN	IERAL HO	OME-M	D859			
	area s	Mar Une	,		PA AVE S			0020				
	23. PART I. Enter the disease, or o	complications that cause	d the death Do						1 Account			
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, ahock, or heart feliure. List only one ceuse on each line.    Approximate   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Interval Batween   Int											
	IMMEDIATE CAUSE (Final disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or condition and Dear disease or co											
	disease or condition resulting in death)  a. SEPSIS											
			A CONSEQUENCE O						V 112			
z		PRESI	rure so	RES					YEARS			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):					1/			
¥	cause. Enter UNDERLYING	VENIL	E DEME	MAIA					146A1			
윤	CAUSE (Disease or Injury that initiated events		A CONSEQUENCE O						1000			
E	resulting in death) LAST	,										
照		d										
ا تـ	PART II. Other aignificent condition	a contributing to deeth i	out not resulting	in the underly	ing ceuse given in	Part I 24a	WAS AN AUTOPSY	7 245	. WERE AUTOPSY FINDINGS			
DICAL		11 11					PERFORMED?		AMAILABLE PRIOR TO			
ā	-					1 🗆	YES 2 NO	- 1	COMPLETION OF CAUSE OF DEATH?			
A									1 TYES 2 NO			
ÿ												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C	beck anly one)						
S	EXAMINER?	HOSPITAL:		OTHEB:	_							
ž I		1 Inpatient 2 ER/Out			ome 5 - Residence							
표	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN		NJURY AT WORK?	28d. DESCRIBE	HOW INJURY O	CCURED				
B	2 Accident investigation	1100		M 1	YES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spe	f — At home, term,	street, factory, of	fice		(Street and Numb	er or Rural F	Route Number,			
E	4 Homicide determined	wording, atc. (Spe	City)			City or Tow	n, State)					
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.												
<u>ब</u>	(Check only											
COMPLETED	2 MEDICAL EXAMINE	R: On the basic of examination	n and/or investigation	en, to my opinion	, death occured at the	time, data and p	lace, and dua to	the cause(a	) and manner as stated.			
Ш	296. SIGNATURE AND TITLE OF CERTIFIE	9/			29c. LICENSE NU		29d, DA	TE SIGNEO	(Month, Day, Year)			
0	telan. 11. V. V.	1						1				
유	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALLES OF ~	ATH MYEN OF C	(Defeat)	1 22	1100		1//0	193			
	Tele de l'	AND 1-	CALIFI (TIEM 27) (Type	, PTINE)	. A -/	1-	11.11					
	Teler M Schiss	ex 1911 /5	10 cree	way (	MA O	reen se	11/40	20	770			
	OF DATE OF CO. March. Dec. March	32. REGISTRAR'S SIGN	IATURE									
	JUL 1 3 1993	a Davidson-R										

	***************************************		OLITITI	OAIL O	DEATH	HEG	. NO.			
	1. DECEMENT'S NAME (First, Middle, Last)		Louise	M. Si	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	GE (In yrs. last birthday)			July 8th 93 3-30 AN				
	719034069			WONTHS DAY		7. DATE OF BIRT (Month, Day, Y	oar)	Countr	"	
	9a. FACILITY NAME (If not institution, give			95. CITY, TOWN OR LOCATION OF DEATH Sec. COLINTY OF					nington, DC	
C .			1 1	96. CITY, TOW	UNTY OF D	1				
2	RESIDENCE OF DECEDENT	MANAMANI	) FOSPITHA	C/	LINTON		1-1	YNCA	- GEONGES	
DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY	
ā	Maryland Prine	ce George	's C1	inton					LIMITS?	
4	10e. STREET AND NUMBER			I	10f. ZIP CODE		10g. CI	TIZEN OF W	HAT COUNTRY?	
E	8006 Beechwood	d Lane			20735	τ	JSA			
FUNERAL	11. MARITAL STATUS	NIC ORIGIN? (Spec	fy Yee or No-	14. RACE	- American Indian,					
ВУ	1 Never Married 2 Merried  3 Widowed 4 Divorced	FORCES? 1 1			epecify Cuben, Mexico		c.)	Speci	y:	
				1				Whi	te	
TED	15. DECEDENT'S EDI (Specify only highest grad	de completed)	16a. DECEDENT'S U (Give kind of we life. Do NOT use	vrk done durina	ITION most of working	16b. KIND (	F BUSINESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)								
ME	9th 17. FATHER'S NAME (First, Middle, Last)	0	Bakery				afewa	У		
	Sylvester Quan	trogiogahi				AME (First, Middle, A	aiden Sumame)			
H	19a. INFORMANT'S NAME (Type/Print)	CLOCIOCCIII	405 14411 1110	DDDDTGG (C)		Tinia				
일	JoAnn Cornwel:	1			et end Number or Rural				21520	
	20m METHOD OF DISPOSITION					ane Burnswick Ga. 31520				
	1 A Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF cemetery, crematory or oth	er place)	07-1	4 T D D				
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE .	Cedar Hil	22. NAME	AND ADDRESS OF F		Suitla	na r	10	
	• 9	1 2					6633	01d	Alexande	
	prianne	P 00	lest	rer.	V RD C1	inton,	Marv1	and	20735	
	23. PART i Enter the diseases, or shock, or heart failure.	complications that can List only one cause of	used the death. Do no on each line.	t enter the i	node of dying, suc	ch as cardiac or	respiratory a	rrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final	0		- 1	~	, ,			Onset and Death	
	disease or condition resulting in death)	a. Respu	to have	an lus	e Due	to sep	تءک		days	
								7		
N O	Sequentially list conditions,	b. Pre	AS A CONSEQUENCE OF							
AT	if any, leading to immediate cause. Enter UNDERLYING								i 1	
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR	y de atton						<del>-</del>	
분	resulting in death) LAST	Ano	mea							
	DADT II. Only as also March as a second									
DICAL	PART II. Other significant condition			the underly	ing cause given in	Part i. 24s. W	AS AN AUTOPSY REORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
E		H-12	heimers	_		1 U Y	ES 2 NO		COMPLETION OF CAUSE OF DEATH?	
Σ		$\overline{}$							1 TES 2 NO	
ICIAN:	25. WAS CASE REFERRED TO MEDICAL									
S	EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C)	neck only one)				
IX	1 YES 2 ND  27. MANNER OF DEATH	26a, DATE OF INJU		-	ome 5 🗆 Residence					
РНУ	1 Natural 5 Pending	(Month, Day, Ye		RY	NJURY AT WORK?	28d. DESCRIBE	10W INJURY O	CCURED		
B	2 Accident Investigation	28a PLACE OF IN	URY — At home, farm, str		YES 2 NO	204 1 00471011 //				
E	3 Suicide 8 Could not be 4 Homicide determined	building, atc.	Specify)	wet, rectory, or	THCO	281. LOCATION (S City or Town,		er or Hural H	loute Number,	
COMPL	(Check only	SICIAN: To the best of my k							Action to the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the	
8	2 MEDICAL EXAMIN	ER: On the basie of examin	iamon end/or investigation.	, in my opinion	, death occured at the	time, date and ple	ce, and due to	the cause(e	end manner es stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		11000 11	1100	29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)	
D O	1 wzar		IRZA A-15		12 24.	3115		3-8	-5_3	
	30. NAME AND ADDRESS OF PERSON WI	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	Polint)	D	,	Oli	MARIN	1/AND	
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S	426 N	0001	cano to	ad	Chi	NIDI	U 20735	
	JUL 1 3 1993	Inha Davidson	handell	/						

		1 - STATE REGISTRAR	STATE OF N				F HEALTH		ENTAL HYGIEN REG. NO		,	
	Î	1. DECEDENT'S NAME (First, Middle, Lest)  John Ge	0.44.0	L +					2. DATE OF OEATH	WA	YEAR 3. TIME OF DEATH A	
		4. SOCIAL SECURITY NUMBER	orge S	t. Lav	renc	E, S		24 HRS.	DATE OF BIRTH	199	8. BIRTHPLACE (State or Foreign	
	3	094-10-1157	XXM 2 □ F	82	YRS.	MONTHS D	AYS HOURS	MIN.	07-19-1	910	New York	
E)		9e. FACILITY NAME (If not institution, give s		eet and number) 9b.			WN OR LOCATI	ON OF DEAT	ГН	9c. COUN	TY OF DEATH	
9)	10F	7174 Donnell P.	lace #C	<u>-6</u>		For	estvi	11e		Pri	nce George's	
	DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR I	OCATION	-			10d. INSIDE CITY LIMITS?	
, iii		Maryland Prine	ce Geor	ge's_	Fo	rest					1 TES 2 1 NO	
ar per	RA	7174 Donnell P	1200 # /	n 6			10f. ZIP CODI				EN OF WHAT COUNTRY?	
al-tran	FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	2. WAS DECEDENT EVER IN U.S. ARMED			DECENDENT C	0747	ORIGIN? (Specify Yes	U or No —	14. RACE — American Indian.	
<b>8</b>	BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2X	<b>≱</b> ₩0		R. specify Cube		Puerto Ricen, etc.)		Black, White, etc. Specify:	
S S		15. DECEDENT'S EDU	CATION				PATION		16b, KIND OF BU	CINESC/INDI	White	
50	E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 d		Give kind of a fe. Do NOT us	work done duri se retired.)	ng most of working	ng .	100110110 01 00	JII1230/11130	751111	
Ce.	COMPLETED	12		C	ar Sa	lesman					ealership	
at once.		17. FATHER'S NAME (First, Middle, Last)	- CI T				18. MOTH		(First, Middle, Melden			
notified	BE (	John Thoma  19a. INFORMANT'S NAME (Type/Print)	s st. Lav		9b. MAILING	ADDRESS (S	reet and Number		Winifred to Number, City or Tow			
be not	2	John G. St. Lawn	ence. Jr.								New York 11796	
must b		20e. METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 Rem	oval from State	20b. PLACE cemetery, c	emetory or o	OF DISPOSITIO	N (Neme of		DATE 20c. LOCATION — City or Town, State			
er m		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Le	e Cre	natory	ME AND ADDRES				Maryland	
i. examiner		1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	+6	+					ree t		al Home, Inc.	
removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest,										
O E		anock, or neart failure. List only one cause on each line.										
cremation,		disease or condition resulting in death) a. Hypertensive arterissclerate card										
5 do			DOE TO	(OR AS A CONSI	EQUENCE O	7: / FR	7-8-	/	dine.	-43		
traumatic e	O	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
prior	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	с									
other	THE	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSI	EOUENCE O	<b>う</b> :						
Mental Hygiene jury, or other	CER		d									
and Mental	CAL	PART II. Other algorificant condition	s contributing to	death but not	resulting	n tha under	iying/cause g	iven in Pa	ert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	MEDIC		20-10	120	nes	v de	we	00	1 🗆 YES 2	(Cho	COMPLETION OF CAUSE OF DEATH?	
shows									-		1 TES 2 NO	
State Dept. of Health	IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERY					6. PLACE OF D	EATH Check	only one)			
the State or Item	PHYSICIAN:	VES 2 110	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing	Home 5 He	sidence 8	Other (Specify)			
		27. MANNER OF DEATH  1. Netural 5 Pending	28e. DATE OF (Month, D		28b, TIM INJ	URY	. INJURY AT WORK?	100	8d. DESCRIBE HOW I	NJURY OCCL	URED	
0	84	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE O	F INJURY — At h	ome, farm, s		YES 2		8f. LOCATION (Street of	and Number o	or Rural Bruda Number	
25 at	ETED	4 Homicide a Could not be determined	building,	etc. (Specify)		,			City or Town, State)	ina riamber o	n novel notice isomosi,	
72 hours If Item	P.E.	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, d	leath occurre	d at the time,	date end place,	end due to	the ceuse(e) end mer	ner ee state	d.	
filed within 72 PORTANT: II	COMPL	2 MEDICAL EXAMINE	R: On the basis of ex	remination end/or	Investigatio	n, tri my opini	on, death occur	ed at the tim	ne, date end place, en	d due to the	ceuse(e) and menner se stated.	
be filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIER		3 .			29G LICE	NSE NUMBE	R	29d. DATE	SIGNED (Month, Day, Year)	
e ₹	<u>و</u>	30. NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUS	E OF DEATH (IT	FN 270 (Type	Print)		28	19	* XI	uy 7, 1993	
		ALTONSO VA	LLEM	1	10701	The	FTOL	DR	LARG	80 n	m 30775	
		31. DATE FILED (Month, Dey, Year)	0	R'S SIGNATURE		, , ,			7	1		
Į		JUL 1 3 1993	raja Davidse	n-Randa	22_							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1. DECEDENT S NAME (FIRST, MICOR, LIS)							2. DATE OF DEATH DA		3. TIME OF DEATN	
		Joseph Riv  4. SOCIAL SECURITY NUMBER	ers Sommers						July 10	1993	4:30 P.Mw	
	- 43	415 68 5339	5. SEX 6. AI	GE (In yrs. Ias 49		FUNDER 1 YES	_	UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	TNPLACE (State or Foreign ntry)	
A MESS		9a. FACILITY NAME (If not institution, give	3.55	47		9h CITY TOV	N OP 10	OCATION OF DEA	May 8 194	9c. COUNTY OF	nnessee	
	8	1736 Dryden Way	,				ofto			AT THE STATE	Arundel	
	5	RESIDENCE OF DECEDENT								I I I I I I I I I I I I I I I I I I I	T dide i	
if. Page	DIRECTOR	Maryland Anne	Arundel			roftor					10d. INSIDE CITY LIMITS7 1 TYES 2 TO NO	
perm	AL	10e. STREET AND NUMBER					10f. ZIP	CODE		10g. CITIZEN OI	WHAT COUNTRY?	
an. ransit	FUNERAL	1736 Dryden Way						21114		d States		
hysici urial-t	I I	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2	MED 10	13. WAS	Specify	ENT OF NISPANI Cuban, Maxican	C ORIGIN? (Specify Yes, Puarto Rican, atc.)	CE — American Indian, ick, White, atc.		
the hospital or attending physician. detached for use as the burial-transit permit.	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	No	10	ES 2X	NO Specify:	No	Sp	White	
affend se as	ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	18a. DE	CEDENT'S U	SUAL OCCUP	ATION	unding	16b. KIND OF BUS	SINESS/INDUSTRY		
for u												
he hospi detached once.	OMPL	17. FATNER'S NAME (First, Middle, Last)	8	S	enior	Ana1y				R.S.		
	0	Alphonsus Maria	Sommers				18,		E (First, Middle, Maiden	,		
5 should I	BE	19a. INFORMANT'S NAME (Type/Print)	Dommers	191	. MAILING A	DORESS (Stre	et and N	Leath	na Hodg  Dutte Number, City or Town			
e 5 st	임	Marilyn K. Somme	ers	- 1					ton Maryl		114	
ter death. Page 6 may be the funeral director, page oval.		20a. METNOD OF DISPOSITION 1 ☐ Burial 2 ☼ Cremation 3 ☐ Rei	movel from State	20b. PLACE	AND DATE OF	DISPOSITION	(Name of	f		CATION — City or		
age 6 directo		4 Donation 5 Other (Specify)		Met	ropol	itan (			A	lexandr:	la Virginia	
death. Pag tuneral di l. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P.A.										
the fur wal.		Kount E	· Crams	1. K	res.	1600	0 A1	nnapoli	s Rd. Bow	ie Md.	20715	
d in by the or removal.		retory arrest,	Approximate interval Between									
within 24 hapletely fille cremation, rent, the		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. OUE TO (OR A	lio	ny	of a	M	ry c	2°ans	ly thin	0	
ficate be executed physician and come prior to burial, her traumatic en	ATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEC	IUENCE OF):							
th certificat ending phys I Hygiene p or other	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):										
the dear y the att nd Menta injury,		PART II. Other significant condition	ns contributing to deati	h but not n	esulting in	the Underly	Ing cau	use given in P	art I. 24a, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS	
juires that the signed by the Health and bws any in	MEDICAL								PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
een sign of Heal	ME										OF DEATH?  1  YES 2 NO	
Z , **	ž											
N: The law ficate has t State Dept item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28 OTHER:	PLACE	OF OEATN (Chec	k only one)			
ician ertific the S	IYS	1 YES 2 NNO	1   Inpatient 2   ER/O		□ DOA 4	☐ Nursing N			☐ Other (Specify)			
DING PHYSICIAN: The law After this certificate has b death with the State Dept. s marked, or item 23	ву рну	1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJUR (Month, Day, Yea		28b. TIME (	TY .	MJURY / WORK7 YES	2 NO	28d. OEŞCRIBE HOW IN	JURY OCCURED		
TTENDI TOR: A after de	ETED !	3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE OF INJU building, atc. (S	JRY — Al hor Specify)	me, ferm, str	eet, fectory, o	ffica		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
HOSPITAL OR A FUNERAL DIREC within 72 hours TTANT: If Item	COMPLI		SICIAN: To the best of my kn ER: On the basis of examine									
THE HOSPI THE FUNER filed within PORTANT:		296. SIGNATURE AND TITLE OF CERTIFIE	-	4	9			LICENSE NUME			O (Month, Day, Year)	
TO THE Do THE De filed	O BE	Kanusi	Il Su	M	un	7	290.	184	50	> 7/1-	2/9 Z	
0-	¥	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF				2	- 10 16	/	//1	713	
			ka M.D. I	684	VILLA	GE G	REE	EN CK	OFTON A	ND 211	14	
	į	JUL 1 3 1993	Jana Davidson-	gnature	2							

ı	-	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF M	ARYLAND /	DEPAR ERTIF	TMEN	T DF H	EALTH AND DEATH	MENT	AL HYGIEI REG. NO			
1. DECEDENT'S NAME (First, Middle LS/E	lo, Last)	B.		STI	9T	TE	=R	2. DAT	TE OF DEATH	NY 6	YEAR 73	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			6. AGE (In yrs. las	st birthday)	IF UNDI	DAYS	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH nth, Day, Year)		8. BIRTHP	LACE (State or Foreign
213-74-2632		□ M 2 □√F	95	YRS.	WONTING	UNITS	HOURS MIN.		ay 11,	1898		ington, DC
9a. FACILITY NAME (If not institution	n, give street	end number)			9b. CI1	Y, TOWN O	R LOCATION OF	DEATH			ITY OF DE	
Greenbelt Nur	sing	Center			<u> </u>	G	reenbel	t		Prin	ice G	eorge's
	COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
Maryland A	nne A	rundel				D	eale					LIMITS?
10e. STREET AND NUMBER						101	ZIP CODE			10g. CITI	ZEN OF WI	IAT COUNTRY?
6009 Melbourn							20751			J	JSA	
11. MARITAL STATUS  1 Never Married 2 Marrie  3 Widowed 4 Divorced		. WAS DECEDENT FORCES? 1   IF YES, GIVE W	YES 2	NO NO	13	If yes, spe	ENDENT OF HISP ecity Cuban, Mexi 2 XXNO Spe	can, Puerte	SIN? (Specify Ye o Rican, etc.)	s or No-	14. RACE Black, Specify	- American Indian, White, etc.
A	1	•										White
15. DECEDEN (Specify only highe	est grade com	pleted)	(G	ECEDENT'S live kind of a Do NOT us	Work done	during mos	N at of working	10	8b. KIND OF BL	ISINESS/IND	USTRY	
Elementary/Secondary (0-12) 8th	C	ollege (1-4 or 5+)				wife				Home		
17. FATHER'S NAME (First, Middle,	Lest)	_		110	ouse	wire	18. MOTHER'S I	AME (First	. Mickelle, Makeley			
Karl Ott	o Kle	inhenn							osa Gri	,		
19a, INFORMANT'S NAME (Type/Pri		<u> </u>	19	b. MAJLING	ADDRES	SS (Street e	nd Number or Run			_	Code)	
Karl O. Stat	ter			104	Cree	Dri	ve Oxo	n Hil	11. Mai	vland	207	45
20a. METHOD OF DISPOSITION 1 (V) Burlal 2 Cremation 3	□ Removal	from State	20b. PLACE	AND DATE	OF DISPO	SITION (Na				OCATION		
4 Donation 5/ Other (Spec	ify)		Washi	ngto	n Na	tion			0-93 8	Suitla	ind,	Maryland
21. SIGNATURE OF FUNERAL SER	YCE VICENS	-			22	Georg	ge P. K Oxon H	alas	Funera	1 Hom	ne 1. M	d. 20745
23. PART i. Enter the diseas	es, or com	plicetions that	caused the de	eth. Do i	not ente	r the mo	de of dying, su	ich as ca	rdiac or resp	piratory arm	est,	Approximate
immediate cause (Finel disease or condition resulting in death)	anure. List	Cor	OR AS A CONSE	Ve		Lea	J F	a	ilen	e		interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	<b>f</b> .	DUE TO (	OR AS A CONSE	OUENCE O	F):							
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	DUE TO (	OR AS A CONSE	OUENCE O	F):							
PART II. Other significant co	nditions co	ontributing to d	leath but not i	resulting	in the u	inderlying	cause given i	n Part i.	24a. WAS AI PERFO 1 — YES	RMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												YES 2 NO
25. WAS CASE REFERRED TO MED	HCAL I						10F 0F PF :	24				
EXAMINER?  1 YES 2 W NO	H	OSPITAL:	ED/O		OTHE	A:	ACE OF DEATH (					
27. MANNER OF DEATH		Inpetient 2  28e. DATE OF I	NJURY	28b. TIM		28c. INJU	5 Residence	_	her (Specify) ESCRIBE HOW	INJURY OCC	UBED	
1 Netural 5 Pendi	ng gation	(Month, Day	, Year)		IURY M	WOI	9K? 1 ES 2 NO	1	- your now		J. T. L. L.	
2 Accident Investi 3 Suicide 8 Could 4 Homicide determ	not be	28e. PLACE OF building, a	INJURY — At he lc. (Specify)	ome, farm, :	street, fa	ctory, office		281. LO	CATION (Street by or Town, State	end Number	or Rural Ro	ute Number,
29e. CERTIFIER (Check only one) 1 💢 CERTIFYING												and manner as stated.
29b. SIGNATURE AND TITLE OF C						1	29c. LICENSE N			_		Month, Day, Year)
innost	USI	ser					D09179				'-8-9	
30. NAME AND ADDRESS OF PERS								h - 7	▲ Ma			
A.O. Moshyed	ıı M.L		305 Har			vy. #	A Gree	npeT	t, Mar	yland	20//	U
31. DATE FILED (Month, Day, Year)	993	Julia !	signature landson-	fanded	2							

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hotspital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Debt. of Health and Mental Hyglene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR

	1 - STATE REGISTRAR	SIAIE UF N					DEAT		MENTA	NL HYGIEN REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM ANDE;	RSON	3			Aq			2. DATE	E OF DEATH	× C	YEAR 23	3. TIME OF DEATH  GROP M
	4. SOCIAL SECURITY NUMBER 577-03-3071	5. SEX 1. M 2   F	6. AGE (In yrs. les 81	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH 01/191:		8. BIRTHI Country	PLACE (State or Foreign
OR R	PRINCE GEORGE		se Con	1761			FAC		EATH		-	INTY OF DE	0 -
DIRECTOR	10a. STATE 10b. COUNT	ice Geo	Ne 's		Y, TOWN		ION USO	0					10d. INSIDE CITY LIMITS?
FUNERAL I	10e. STREET AND NUMBER	R STR			108	101	. ZIP CODE				10g. CIT	IZEN OF W	1 X YES 2 NO
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. AR	ARMED 13, WAS DECENDENT OF HISPANIC ORIGIN? (Sou					N? (Specify Yes Rican, etc.)	y Yes or No— 14. RACE — American Indian, Black, White, atc. Specify:			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2		(Gi	cepent's ive kind of the Do NOT us	work done se retired.)	during mo	st of workin	g	A	ir Conceating		DUSTRY	
BE CO	17. FATNER'S NAME (First, Middle, Last) William J. Stewar	rt					Nel1	ie A	<sub>ME (First,</sub> Ande	Middle, Maiden : rson			
2	19a. INFORMANT'S NAME (Type/Print)  Margaret Stewart		38	809 7	Taylo	or St	treet			wood, I			20781
	20a. METNOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		cemetery, cre.	metory or o	ther place)	Cemet	ery					od, M	aryland
	· Charles 7	Bell			F1	anc:	3alti	sch	's S	enue. H	Ivati	tsvil	e, P.A. le, MD
	23. PART I. Enter the diseases, or abook, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	se on each line									rest,	Approximate interval Between Onset and Death
HIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  CANDIAC ARABY TO IN IN IN IN IN IN IN IN IN IN IN IN IN												
CERT	resulting in death) LAST	d											
: MEDICAL	PART II. Other significant condition	s contributing to	death but not n	esuiting i	In the un	nderiying	cause g	iven in	Part i.	24a. WAS AN PERFORI	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATN (Che	eck only o	ne)			
Ä	1 YES 2 NO 27. MANNER OF DEATN	1 Inpetient 2 pt	NJURY	☐ DOA 28b. TIM	4 🗆 Nun		S Ras	Idence		or (Specify)	LILIBY OC	CHRED	
2	1 Natural 5 Pending 2 Accident Investigation	(Month Da	A (A)	INJ	URY M	WO		NO	200. DE	SOMBE NOW III	NONT OC	CONED	
- 0	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	INJURY — At hor rtc. (Specify)	me, farm, a	street, fact	ory, office			281, LOC City	CATION (Street as or Town, State)	nd Number	r or Rural Ro	oute Number,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE	CIAN: To the best of r											and manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	rehil "	Deputy	Me	uce	1	29c. LICE	NSE NUM	IBER	_	29d. DAT	E SIGNED	Month, Day, Year)
=	30. NAME AND ADDRESS OF PERSON WH	4	4 203 (	27) (Type,	Print)	Sun	- Nd	1 HC	197	tus le	M	1 20	781
	JUL 1 2 1993	32. REGISTRAF	r's SIGNATURE			7							



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03-3146	attending phys	ise as the buri	Y
LAND 212	y the hospital or	e detached for t	if once.
E, MARY	nay be retained by	page 5 should t	of be notified a
BALTIMORE, MARYLAND 21203-3146	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a sciours after death. Page 6 may be retained by the hospital or attending phys	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buring filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ithin a nours aft	no THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 median within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nt, the medica
DX 13146,	be executed wi	vician and compl	traumatic eve
, P.O. BC	death certificate	e attending phys Aental Hygiene p	ury, or other
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the	of Health and I	shows any in
F VITAL	SICIAN: The law	certificate has he the State Dept	d, or Item 23
O NOISI	ATTENDING PHY	CTOR: After this after death wit	28 is marke
DIV	HOSPITAL DR /	FUNERAL DIRE	TANT: If Item
	THE P	THE THE	MPOF

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

	1 - REGISTRAR		CERTIFI	CATE OF	DEATH	R	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	100 le				2. DATE OF I	DEATH DAY	YEAR 3	TIME OF DEATH			
	Dolowon,	rank				7	5	93	1035 M			
	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	SEX 8. AGE (III	78 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF E (Month, De		6. BIRTHPL Country)	ACE (State or Foreign			
OR		suce h	one	Strest	LOCATION OF DE	ATH	9c. CO	C .	County			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	4	10c. CITY	, TOWN OR LOCATI	ON 1 0	10d. INSIDE CITY LIMITS?						
	10e. STREET AND NUMBER	uy.	110	ZIP CODE	Der 17/0	10g. CI		VES 2 □ NO AT COUNTRY?				
FUNERAL	7420 Marlar 11. MARITAL STATUS	WAS DECEDENT EVER IN	forest	relle	2074	7		U-S	- A			
ВХ		FORCES? 1 VES  IF YES, GIVE WAR OR DA  1942-	2 NO		T OF HISPANIC ORIGIN? (Specify Yea or No— uban, Mexican, Puerlo Rican, etc.)  Specify: Black Specify: Black							
	15. DECEDENT'S EDUCATION (Specify only highest grade comp	IN pleted)	(Give kind of w	USUAL OCCUPATIO	N it of worlding	16b. KIN	ID OF BUSINESS/II	IDUSTRY	N CONTRACTOR			
COMPLETED	Elementary/Secondary (0-12) Co	oflege (1-4 or 5+)	iine. Do NOT us Taxi	Driver		S	elf-empl	oyed				
SO	17. FATHER'S NAME (First, Middle, Last)					-	le, Maiden Surname)					
BE	Unknov	vn				nknown						
10	19a. INFORMANT'S NAME (Type/Print)  Theresa Solomon			3rd St.				<sup>20032</sup>				
	20s. METHOD OF DISPOSITION	206.	PLACE OF DISPOS	SITION (Name of cem	etery, crematory or		26c. LOCATION -					
	1 M Burlel 2 Cremetion 3 Removal from State Quantico National Cemetery Triangle, Va.											
	21. SERVATURE OF FUNERAL SERVICE LIGENTAL	Stewai	111	STEWA	ART FUNE Benning	RAL HO			.C. 20019			
ION	ehock, or heert feilure. Liet  MEDIATE CAUSE (Finel decase or condition resulting in death)  Sequentielly list conditions, If any, leading to immediate	END S	CONSEQUENCE OF	E CO	veiza 18TAS	ARY!	a A PH	ARYM	Interval Between Onset end Death			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  The any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST											
EDICAL	PART II. Other eignificent conditions co	intributing to death be	; cause given in		a. WAS AN AUTOPS PERFORMED?  YES 2 NO	6	VERE AUTOPSY FINDINGS NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
4: ME		V				-	/		YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMMETC: COMM											
YSIC		OSPITAL: ☐ inpetient 2 ☐ ER/Outp			e 5 🗆 Residence	6 C Other (S	pecify)					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	29b. TIM	MHY WO	RK?	28d. DESCR	BE HOW INJURY O	CCURED				
ВУ	Accident investigation	28a, PLACE OF INJURY	- Al home, farm,	atreet, factory, office		281 LOCATIO	ON (Street and Numi	ner or Rural Ro	ute Number			
TED	4 Homicide determined	building, etc. (Spec					81. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN MEDICAL EXAMINER: 0								and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		0 00		29c. LICENSE NU	MBER	29d. D	ATE SIGNED	Month, Day, Ybar)			
TO B	2 Janara	mm !	rau		D-34	757		7/6/0	13.			
)	4000 - MITCHENV	INDE K	DAD;	#214	, Bo	W(E	· M	D-	20716.			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Pando	00			,					

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FOR

	1 - REGISTRAR		CE	RTIF	ICATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) GOLDIE MARSH	ALL SAU	UL	1			2. DATE OF D	DEATH DA	w- 9	YEAR 3	TO S M
	4. SOCIAL SECURITY NUMBER 217-32-0013	1 □ M 2 🎇 F	8. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. MATE OF B (Month, De 08 2	( Your)	908	Country	lia, Virgin
DIRECTOR	9a. FACILITY NAME (If not institution, give s P.G. Hospital RESIDENCE OF DECEDENT	treet and number)			96. CITY, TOWN	or Location of D	EATH		100	NTY OF DE	George's
EC	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
	Maryland Princ	e George's	5		monston	f. ZIP CODE			LIMITS?		
FUNERAL	5118 Crittendon							S.A.	HAT COUNTRY?		
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 FYES, GIVE WAR	YES 2 X NO	RMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Spe If yes, specify Cuban, Maxican, Puerto Rican,  1  YES 2 NO Specify:					or No—	14, RACE Black, Specify	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Giv	tve kind of work done during most of working  Do NOT use retired.)					me	DUSTRY	
S	17. FATHER'S NAME (First, Middle, Last)		13000			18. MOTHER'S NA					
BE C	Caleb T. Marshal	1				Laura	Kemp				
5	19m. INFORMANT'S NAME (Type/Print) Charles E. Saul					on Stree					781
	20a, METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 6 ☐ Other (Specify)	oval from Stata	20b PLACE AT	ND DATE	OF DISPOSITION /N		CATE	20c 100	CATION	City of Tow	n Ctata
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Troit I	THE	22, NAME A	ND ADDRESS OF FA	3/1993	Bre	ntwo	od, M	aryland
	· Charles	I. Be	201		Franc	is Gasch	's Sons	10	Hwati	ressi 1	e, P.A.
	23. PART <sup>1</sup> i. Enter the diseases, or ehock, or heart feilure.	complications that of	aused the dee	th. Do r	not enter the me	ode of dying, suc	h es cerdiec	or respi	ratory an	rest,	Approximate
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)	Ayperten	sue (	lan	dova	rental	dise	ase	,		interval Between Onset and Death
N	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditione,										
CATIC	if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (O	R AS A CONSECU	EQUENCE OF):							
ö	PART ii. Other significent condition	s contributing to de	anth but not re-	outelan i	in the condensate		5				
MEDICAL				editing i		y cause given in		PERFOR			MERE AUTOPSY FINDINGS NAMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  I YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				24 D	LACE OF OEATH (Ch	anti anti anni				
SIC	EXAMINENT 1 D YES 2 NO	HOSPITAL:	R/Outpatient 3 (	AOOL	OTHER:	e 5 🗆 Raaldence		-/6.)			
Y PHYSICIAN: ME	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF IN. (Month, Day,	JURY	28b. TIMI INJ	E OF 28c. IN.	URY AT DRK?	28d. DESCRIB		JURY OC	CUREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF II building, etc	NJURY — At hom	me, farm, street, factory, offica			281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my	y knowledga, deat	th occurre	ed at the time, data	and place, and due	to the cause(s)	and man	ner as atat	ed,	
	one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES		nination and/or in	vestigatio	n, in my opinion, o			place, and			
TO BE	Mugusto & Low	unquesto	W)		6	Da. LICENSE NUI	WBER		29d. DATI	SIGNED (	Month, Day, Year) 7 — 9 3
F	TURUS TO F ROOM	COMPLETED DAUSE	OF DEATH (ITEM	27) (Typo.	Print) 109 Rai	burn (	L. Care	FW-	m	1 20	748
	31. DATE FILEO (Month, Day, Yber)  JUL 1 4 1993	32 REGISTRAN'S	S SIGNATURE	lell	1			,	1,-1		/ / -

3. TIME OF DEATH

> > Approximata Intarvai Between Onset and Death DAYJ

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

FOR STATE REGISTRAR

5 Pending Investigation

8 Could not be determined

Mschister

6 1993

296. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON

JUL 1

31. DATE FILED (Month, Day, Year)

1 Natural

2 Accident

3 Suicide

4 Nomicide

В

COMPLETED

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certificate of the within 72 hours after death with the State IMPORTANT. If Item 28 is marked, or Item

		1. DECEDENT'S NAME (First, Middle, Last)  COURTREY	JMITH	COURT	NEY	P. Si	ИІТН	2.	DATE OF DEATH	7/11/9	S S	TIME OF DEATH	
0/4		4. SOCIAL SECURITY NUMBER 215 84 3924	5. SEX 6. AGE	(In yrs. last	birthday) YRS.	IF UNDER 1 YE	-	BANN	DATE OF BIRTN (Month, Day, Year) 0/13/72		Country)	ACE (State or Foreign	
	TOR	9a. FACILITY NAME (II not institution, give s PRINCE GEORGE GE RESIDENCE OF DECEDENT	,	ΓAL		96. CITY, TO	WN OR LOCATIO			9c. COUNT	Y OF DEA		
	DIRECTOR	10a. STATE 10b. COUNTY	E GEORGES		10c. CITY, TOWN OR LOCATION CHEVERLY							Od. INSIDE CITY LIMITS? YES 2 NO	
n. ansit permit.	FUNERAL	3400 63rd Place			ā		101. ZIP CODE 20785			10g. CITIZE	N OF WH	AT COUNTRY?	
attending physician. se as the burial-transit	ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 🔼 N	2 ANO If yes, specify Cuban, Maxican, Puerto Ricen, etc.)						Specify:	- American Indian, White, etc.	
_ =	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DEC (Gh life. BAK	ne kind of w Do NOT us	USUAL OCCUP rork done durin e retired.)	PATION g most of working	7	16b. KIND OF BUS		lack	-	
I by the hospital of the detached for all all once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) THOMAS PENNELL SM	ITH, SR.	DAK	LIK	STORE  18. MOTNER'S NAME (First, Mikidia, Maiden Surname)  NORMA BERLYN DAVAGE							
y be retained lage 5 should be notified	TO B	190. INFORMANT'S NAME (Type/Print) NORMA B. SMITH	(MOTHER)						Number, City or Town		ode)		
e 6 maj rector, p must		20a. METHOO OF DISPOSITION 1. Burtal 2 Cremation 3 Remains 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	oval from State cer	netery, crer	natory or oti	on Cen	etery		7/16 CLIN	NTON,			
9 7 9		· alex S. Ve	reb		м859	ALE 553	8 Marl	S. PO	PE FUNER	restvi	11e.	Md 20747	
24 hours at filled in by ion, or remo		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Pineum o ustitus Cause (Pineum ousting in death)											
eath certificate be executed within attending physician and completely rital Hygiene prior to burial, cremat y, or other traumatic event, it	CERTIFICATION	disease or condition resulting in death)  Pineum O Lystitis Cavinii preumonia  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events)  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):											
at the d by the and Mei y injur		PART II. Other significant condition	s contributing to death b	out not re	sulting i	n the under	lying causa gi	ven in Part	PERFOR	MED?	A	ERE AUTOPSY FINDIN WAILABLE PRIOR TO OMPLETION OF CAUSE	
law requires is been signi ept. of Healt 23 shows	AN: MEDICAL								1 🗆 YES 2	Z wo	0	F DEATH?	
CIAN: The ertificate the State or item	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3		OTHER: 4 - Nursing	B. PLACE OF DE Home 5 Res	Idence 8 🗆	Other (Specify)				
HYSIC his ce with ti	۵.	1 Destroy 5 Design	(Month, Day, Year)		JUNI		WORK?	260	. DESCRIBE NOW IN	NUME OCCUP	TED		

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Shie Davidson-Randell

32. REGISTRAR'S SIGNATURE

28s. PLACE OF INJURY — At home, farm, street, lactory, office building, etc. (Specify)

1 YES 2 NO

29c. LICENSE NUMBER

022780

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) · 7/11/ 93 7500 Green way Ctr. Dr. Greenselt My 20770

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

\*

OHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	200
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	in.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

8	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 1 1 0 9 A												
		D.D.S.					July 20		993	11.08 Am			
- 4	4. SOCIAL SECURITY NUMB			L AGE (In yrs. las	"	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Count	
	206-42-522 9a. FACILITY NAME (# not in		1 M 2 KF	51	YRS.		8/8/1941 Phi					lippines	
œ						96. CITY,				EATH		NTY OF C	
5	1205 Marcl	ee Roa	<u>a</u>			Finksburg Carr					7011		
DIRECTOR	10a. STATE	10b. COUNTY			10c. CITY,	TOWN O	R LOCA						10d. INSIDE CITY LIMITS?
	Maryland	С	arroll							burg			1 NES 2 NO
RAL	100. STREET AND NUMBER	D	2				1	of. ZIP COD			10g. CIT		WHAT COUNTRY?
FUNERAL	1205 Marcl	ee koa	12. WAS DECEDENT	EVER IN ILE AR	MED	[ 40 N			048	IIC ORIGIN? (Specify Yes		USA	
	1 Never Married 2 Married  FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES					- 11	yes, s	pecify Cube	n, Mexica	n, Puerto Rican, etc.)	or No-	Blec	E — American Indian, k, White, stc.
8	3 Widowed 4 Divo	rced	IF TES, GIVE WA	OH DATES		'	∐ ¥E	S 2 25 NO	Specin	r.		Phi	lippino
COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	(G	CEDENT'S L	ork done d	CUPAT	ION nost of working	na	16b. KINO OF BUS			-1
ار	Elementary/Secondary (0		College (1-4 or 5+)		Do NOT use					Dr. Or			
Σ	17. FATHER'S NAME (First, M		6 years	L	entis	SC				Family		tist	ry
ö	Esteban Pe									ME (First, Middle, Melden Ongtengco			
BE	19a. INFORMANT'S NAME (7		-	196	b. MAILING	AOORESS	(Street			Route Number, City or Town		o Code)	
9	Dr. Orland	o Sani	.dad							nksburg, M			3
	20e, METHOD OF DISPOSIT	ION on 3 🗆 Rem	oval from State	20b. PLACE	AND DATE OF	F DISPOSI	TION (	Name of			CATION —	City or Te	own, State
	4 Donation 5 Other	(Specify)		cemetery, cre Hamp	stead						mpst	ead,	Md.
1	21. SIGNATURE OF FUNERA	L SERVICE LIC	W. E.	line				S. Ma		Street, Han			
	23. PART I. Enter the dishock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	a. DUE TO (C	on eech line	QUENCE OF	4			-		1		Approximate Interval Between Onset and Death
CERTIFICATION	disease or condition resulting in death)  a. Quint ship and Consequence on:  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other signification	es contributing to d	esuiting in	the un	deriyle	ng ceuse	given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
CIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTUE		PLACE OF D	EATH (Ch	eck only one)			
PHYSICIAN:	1   YES 2   10		1   Inputient 2   E	R/Outpatient 3		OTHER 4 D Nurs		me 5 13 16	aldence	8 Other (Specify)			
PH	27. MANNER OF DEATH	Pending	28a. DATE OF IN (Month, Day,		28b. TIME INJU		W	JURY AT		28d. OESCRIBE HOW II	JURY OC	CURED	
B	2 Accident		М		YES 2	] NO							
TED		Could not be determined	28e. PLACE OF building, et	c. (Specify)	me, term, st	reet, facto	ery, offi	ice		281. LOCATION (Street a City or Town, State)	nd Numbe	r or Runal i	Route Number,
COMPLETED										to the cause(e) and man time, date and place, en			a) and manner as stated.
	296. SIGNATURE AND TITLE	-						_	ENSE NUI				(Month, Day, Year)
TO BE	30, NAME AND ADDRESS OF	U YY	Bo	~	•		n. [	P	14	992	<b>&gt;</b>	7-	20-93
	EPHRA	HIM	BA	PZZ	210 Type.	A	-	NE	11/	Win	1ds	SOF	Md. 2177
	31. DATE FILED (Month, Day,	Year)	32. REGISTRAR	SSIGNATURE	Mondal	2							

detached	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-
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pag		4
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	ND MENTAL HYGIENE REG. NO.	93	22765
ile, Last)	2. DATE OF DEATH MONTH DAY	VEAR	3. TIME OF DEATH
Androw Smith Tr	Tullet 1/	1 0 0 2	2.52

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIEN		22765				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	3. TIME OF DEATH				
	Albert A		h, Jr.			July 16	199	3:53 A M				
5	579-28-3843		yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
	9n. FACILITY NAME (If not institution, give st		THS.	OF OUTA ADDISON	OR LOCATION OF D	July 1, 19		New Jersey				
DIRECTOR	Anne Arundel Med			Annapol		EATH		ry of death re Arundel				
EC	10a. STATE 10b. COUNTY	,	10c. CITY	TOWN OR LOCAT	TION			10d, INSIDE CITY				
	MD Anne  100. STREET AND NUMBER	Arundel		Annax				1 YES 2 NO				
FUNERAL	Carried States	y Drive, North	h.	101	21401			ted States				
ON	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 YES		13. WAS DEC		NIC ORIGIN? (Specify Yas		4. RACE — American Indian,				
BY F	1 Never Married 2 (X) Narried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	2 NO S	If yes, sp		n, Puarto Rican, etc.)		Black, White, atc.				
	15. DECEDENT'S EDUC	WWTT						white				
TE	(Specify only highest grade	completed)	Give kind of we	JSUAL OCCUPATION  ork done during monetired.)	ON st of working	16b. KIND OF BUS	SINESS/INDU	STRY				
PLE	Elementary/Secondary (0-12)	Coflege (1-4 or 5+)		cal Engi		Flocts	ic Di	stribution				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			out chigh		ME (First, Middle, Maiden		s.c ccsaccen				
BEC	Albert Andrew Sm	ith, Sr.				Leen Bye	,					
0	194. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow						
-	Anna A. Smith		RFD 10				*	, MD 21401				
	20s, METHOD OF DISPOSITION  1XX Burlai 2 □ Cremation 3 □ Remo  □ Remation 5 □ Other (Specify)	real from State 20b. PL	ACE AND DATE OF	F DISPOSITION (Na er place)	me of 7-	200c. LO	CATION - CI	ty or Town, State				
1	21. SIGNATURE OF FUHERAL SERVICE OF	EMSEE / / //	ungton	Nationa 22. NAME AN	L Cemete	CIUTY Tobio M	Taul	n, Virginia or Funeral Home				
Ч	the sold of.	Y VI		147 Du	bo at Gi	COUCONTON S	t An	napolis, MD				
-	23. PART i. Enter the diseases, or c	displications that caused to	a deeth De e									
	iMMEDIATE CAUSE (Final disease or condition	List only one cause on each	ı iina.			acidos		Approximata interval Between Onaat and Death				
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions,	entially flat conditions a GI DIE Ed										
A	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  C											
임	CAUSE (Disease or injury hat initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	reaulting in death) LAST		,									
	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
CAL	CAN Conditions		not reaulting in	tha underlying	i cauaa givan in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDIC	Diahete	nellity	12 6			1 YES 2	XXo	COMPLETION OF CAUSE OF DEATH?				
Σ.	Den	Stunes				-		1 TES 2 NO				
A	25. WAS CASE REFERRED TO MEDICAL	7 10457		26. PL	ACE OF DEATH (Ch	eck oalv ooe)						
SIC	EXAMINER?	HOSPITAL:	ent 3 🗆 DOA	OTHER:		8 Other (Specify)						
품	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ	JRY AT	28d. DESCRIBE HOW II	NJURY OCCU	RED				
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	reet, factory, office		26f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,				
COMPLETED												
MPI	(Check only	CIAN: To the best of my knowledg										
		R: On the beals of examination an	ra/or investigation	, in my opinion, de								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Fair 9	NN		29c. LICENSE NUN	BER		SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) /Tone /	Print)	D17965		Ju	ly 16, 1993				
	Joseph N. Friend				Annana	lis, Maryl	and o	1401				
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATU	Made 12	riveriue	Hinapo	ns, mary	uriu Z	1701				
	JUL 1 9 1993	grana varidoon	No.									

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BALTIMORE, MARYLAND 21215-0020	he law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	e has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permite Dept. of Heatth and Mental Hygiene prior to burlal, cremation, or removal.
AL RECORDS, P.O. BOX 68760,	he law requires that the death certificate be executed within 24.	e has been signed by the attending physician and completely filled in by the is Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL

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L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate bours after death with the State

FUNERAL ( HOSPITAL

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 MARY CECELIA GROSS SMITH 12 91 05 A. M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTN (Month, Day, Year) MAR; 28-1900 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 1 - MXX F 214-22-8059 Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH 210 EASTERN AVE. ( EASTPORT ANNAPOLIS ANNE ARUNDEL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO MD ANNE ARUNDEL ANNAPOLIS FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 210 EASTERN AVE 21403 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES X X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-I1 yes, specify Guben, Maxican, Puarto Rican, etc.) 1 — YES 2 — WO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY AFRO AMERICAN 3 Widowed 4 ☐ Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) \*\*\*\*\* LABORER 12 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) THOMAS T. **GROSS** MAGGIE GRAY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VICTORIA N. TURNER SAME AS 10 E | Description | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Steta DATE "MD" "NATIONAL" CEM - 7-15-93 LAURAL, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ▶ CHARLES E. HICKS 111 HOISE OF HICKS F. SER. 1922 FOREST DRIVE ANNAPOLIS. MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Final SERSIS Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) SNERENE CERTIFICATION Sequentielly list conditions, DUE TO (DR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING Argeria cleros, CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 DING OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 27 HO 1 | Inpetiant 2 | ER/Outpetient 3 | DOA me 5 Rasidence 8 - Other (Specify) 4 - Nursing Ho 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 D Hatural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, larm, street, factory, offica building, etc. (Specify) 3 Sulcida 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or Investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE DF CERTIFIED 29d. DATE SIGNED (Month, Day, Year) BE 0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 22) Print) 1616 32 MEGISTAM'S SIGNATURE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE DE STORE 31. 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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

Julia Javidson Randon

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								22767	
		1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	_		
		1. DECEDENT'S NAME (First, Middle, Last)	JESSE SMITH	4.4	1 1	2. DATE OF DEATH		3. TIME OF DEATH	
	1	4. SOCIAL SECURITY NUMBER 5	5/	MIT	H	7 )	5 19	3 67 AM	
			. SEX 6. AGE (In 82		UNDER 1 YEAR OF UNDER 24 HRS	(Month Day Year)	910	BIRTHPLACE (State or Foreign Country) MARYLAND	
		9s. FACILITY NAME (If not institution, give stree	t and number)	96	CITY, TOWN OR LOCATION OF		9c. COUNTY		
	DIRECTOR	RESIDENCE OF DECEDENT	OSPITA		BALTI	MORE			
Ì	Ĭ,	100. STATE 10b. COUNTY			WN OR LOCATION			10d. INSIDE CITY LIMITS?	
		100. STREET AND NUMBER	ARUNDEL	EDC	EWATER	-	Ton CITITEN	1 YES 2 NO	
4 0 1 1 1 1		507 OLD MILL SWAMP	RD.		21037		, ·	S.A.	
	5	11, MARITAL STATUS  1 Never Merried 2 Amerried	2. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Yellow) etc.)	s or No- 14.	RACE — American Indian, Black, White, etc.	
2		3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		If yes, specify Cuben, Mex 1  YES 2 NO Spe	city:		Specify: BLACK	
1 5		15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION npleted)	Ide. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BU			
O LEGIS	3		College (1-4 or 5+)	Ille. Do NOT use ret	(STERMAN		T.		
		17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maiden	Surname)		
16 a		EDWARD SMITH				E THOMPSON			
	- 4	19a. INFORMANT'S NAME (Type/Print) REBECCA SMITH		196. MAILINO ADD	MTII SUAMP I	III Route Number, City or Tow	rn, State, Zip Coo	21037	
	ĺ	REBECCA SMITH 507 OLD MILL SWAMP RD. EDGEWATER, MD. 21037  20e. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Disposition Control of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Date Of Dat							
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	1	21. SIGNATURE OF FUNERAL SERVICE LICEN:	1		22. NAME AND ADDRESS OF REESE & SONS		ΡΔ		
_		Lavy A.	Heese		821 WEST ST	ANNAPOLTS	. MD. 2	1401	
		23. PART I. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  Approximate interval Between							
		IMMEDIATE CAUSE (Finel disease or condition resulting in death)  ASPIRATION PIEUMONIA						Onset and Death	
	Í	Tourising in deathly							
2		Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):					
TIEICATION	5	cause. Enter UNDERLYING CAUSE (Disease or Injury						į	
TIE		that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST							
7	;								
MEDICAL		PART II. Other algnificent conditions c	ontributing to death but	not reaulting in th	e underlying cause given	n Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
E C						1 🗆 YES 2	□ NO	COMPLETION OF CAUSE DF DEATH?	
								1 YES 2 NO	
DHVCICIAN		25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:							
A		t VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED						D	
2	- 10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		W INJURY OCCURED			
	- 11	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LC					81. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
		And Commission	N. To the heat of an in						
COMPLETED					the time, date end piece, end d my opinion, death occured at ti			use(e) and menner se stated.	
ц		29b. SIGNATURE AND TITLE OF CERTIFIER			29C. LICENSE N			NED (Month, Day, Year)	
2		30. NAME AND ADDRESS OF PERSON WHO CO	NO CALLER S	14 (17 A)	17/13	750	> 7/	15/93	
4 '	100	gmi print abbrilg of PENSON WHO C	UMPLETED CAUSE OF DEAT	ry 111 PM 271 / Kima Drini			, ,		

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit nermi	, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermi	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,

MOO 30 OT	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detache al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
r death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos

	1 - STATE REGISTRAR	SIAIE UF M					DEAT		IENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	MICH	HAEL		SF	DEV	AK	,	2. DATE OF DEATH	AV	YEAR 93	3. TIME OF DEATH  1/25 P M
	4. SOCIAL SECURITY NUMBER 210-09-5605	5. SEX	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTH Sep 19, 191	18	s. BIRTH	PLACE (State or Foreign nsylvania
OR	90. FACILITY NAME (II not institution, give street and number)  Frederick Memorial Hospita		al			96. CITY, TOWN OR LOCATION OF DEATH Frederick				9c. COUNTY OF DEATH Frederick		EATH
ECT	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		10c CIT	V TOWN	, TOWN OR LOCATION						
DIRECTOR	Maryland Fred			Frederick						10d. INSIDE CITY LIMITS? 1 VES 2 NO		
	10e. STREET AND NUMBER							IZEN OF W	HAT COUNTRY?			
ER	1401 Key Parkway	#C301					217	702	U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		EVER IN U.S. ARM X YES 2 NO A OR DATES 1-7/16/1	0		13. WAS DECENDENT OF HISPANIC ORI If yes, specify Cuban, Mexican, Puer 1 — YES 2 💢 NO Specify:			C ORIGIN? (Specify Yee , Puerto Rican, atc.)	ORIGIN? (Specify Yee or No— 14. RACE — Puerto Rican, atc.)		- American Indian, , white, atc.
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DEC	EDENT'S	USUAL O	CCUPATIO	N of workin		16b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)					st of workin					
MP	17. FATHER'S NAME (First, Middle, Last)		<u>E1</u>	lect:	ronio	cs	ero et al co		Manuf		ring	
	George		SPEVAK				Anr		E (First, Middle, Malden	Surneme)	un!kr	OWD
BE	19e. INFORMANT'S NAME (Type/Print)			MAILING	ADDRESS	S (Street a			oute Number, City or Tow	n State Zi		IOWII
2	Mrs. Maxine Speva	ak							1, Freder			21702
	20e. METHOD OF DISPOSITION  1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remote  4 ☐ Donation 5 ☐ Other (Specify)	oval from State	20b. PLACE AN	ND DATE	OF DISPOS	ROC	ne of	p	DATE 20c. LO	CATION -	City or Tov	on, State ne, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Haryla	ina	22.	NAME AN	D ADDRES	S OF FACI	LITY			
	West has	01	hron-	706	Ke	eney	& B	asfo	rd P.A. Fi			
	23. PART I. Enter the diseases, or o	omplications that	MOO7	th. Do r	not enter	the mo	de of dvi	lurch	St., Fre	deri	CK, P	Approximete
	shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition	List only one ceus	e on each line.									Interval Between Onset and Death
	resulting in death)		CEREBROVA SCULAR ACCIDENT OF OR AS A CONSEQUENCE OF):						10 UH195			
NO	Sequentially list conditions,											
ICAT	CAUSE (Disease or Injury											
CERTIFICATION	that initiated events resulting in death) LAST  d											
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS											
		10N	PNEC	M	ON	1H			PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	GZ B	EED)							_			1 PES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF DE	ATH /Chan	k only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA	OTHER	R:			Other (Specify)			
PHYSICIAN: MED	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF II (Month, Day	NJURY	28b. TIM		28c. INJU	IRY AT	:	28d. DESCRIBE HOW II	NJURY OC	CURED	
D BY	2 Accident Investigation   M   1   YES 2   NO   Street and Number or Rural Route Number,							oute Number,				
LETE	4 Homicide detarmined City or Town, State)											
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end menner ea stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner ee stated.											
29c. LICENSE NU							SE NUMB	501	29J. DAT	E SIGNED	Month, Deli, Year)	
2	BOYO A- OW	YER N	_ ^	27) (Type,		در ,	Hoc	SE	AVE SI	1178	305	FREDERKY NO ZITC
	31. DATE FILED (Month, Day, Year)  JUN 28 1993	32. REGISTRAR	'S SIGNATURE	della								
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31. DATE FILED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020 BOX 68760. RECORDS, P.O. DIVISION OF VITAL

hours after death. Page 6 may be retained by the hospital or attending physician. page 5 should be by the funeral director, ir the attending physician and completely filled in by 1 Mental Hygiene prior to burial, cremation, or remo OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within signed by t Health and been s has be Dept. 23 sl certificate h h the State [ this c After DIRECTOR: Af hours after de-ltem 28 is n FUNERAL I HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22769 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH AKA RANDALL EDWARD STAATS 3. TIME OF DEATH YEAR **EDWARD** RANDALL STAATS 993 2:00 A 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Country) 1 × M 2 | F DAYS HOURS MIN 228-72-4305 YRS. /irginia 06/02/51 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR YARD-3583 LIBERTY CHURCH FEDERALSBURG CAROLINE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Federalsburg Caroline Maryland 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21632 United States 3583 Liberty Church Road 11. MARITAL STATUS Separat de MAS DECEDENT EVER IN U.S. ARMED
1 Never Married 2 Married FORCES? 1 YES 2XX 000 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If was, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: BΥ SpecMy: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Trucking Truck Driver 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence E. Staats Faye Evelyn Woods BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5919 Old Rolling Rd., Alexandria, 2 Richard Alan Staats VA22310 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Salisbury, Maryland Salisbury Crematory 7-19 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Framptom-Hawkins-Eskow Funeral Home Michel Ts Kew PO Box 43, Federalsburg, MD 21632 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ahock, or haart failure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition intact Shot Wound DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentielly list conditions. OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Cause Enter LINDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART il. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 NO TYPES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: XX
4 □ Nursing Home 5 1 Residence 6 □ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED SELF INFLICTED SHOTGUN 1 Natural 5 Pending Investigation 1:00A 1 YES 2XXNO BY 18 1991 2 Accident 28s. PLACE OF INJURY - At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED ing, etc. (Specify)
FRONT YARD-HOME 4 Homicide IBE FEDERALSBURG, CAROI 3583 29e. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. OATE SIGNEO (Month. Day, Year) 9

▶ 7 OCME 1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) co -111 Penn Street, Baltimore, Maryland 21201 32 PEGISTRAR'S SIGNATURE Julia Davidson-Randall DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
IO THE FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transported within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE 0	F MARYLAND / DEPARTMENT OF HEA	ALTH AND MENTAL HYGIENE EATH REG. NO.	93	22770
3 -	Corre	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
	Elsie Maud		Savage					993 6:37P M		
			MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	210 10 0313	1 M 2 F 67	/ YRS.			Aug. 17, 1	1925	Virginia		
œ	9e. FACILITY NAME (# not institution, give stre				R LOCATION OF DE	HTA	9c. COUNT	Y OF DEATH		
OT:	Memorial Hos	pital at ]	Easton	ston Easton			Talbot			
REC	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY		
ō	Maryland Ker	nt	Chest	ertown	RFD			1 VES 2 NO		
3AL	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF W			
FUNERAL DIRECTOR	9868 Worton Road				21620		USA			
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	if yes, spe	cify Cuban, Mexice	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14	I. RACE — American Indien, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	no	1 TYES	2 NO Specify	no		Specify: White		
G	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	18a. DECEDENT'S USU (Give kind of work	AL OCCUPATIO	N	16b. KIND OF BUS	SINESS/INDUS			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	lred.)	it or working	At home				
COMPLETED	3		Housewi	.ie		At home				
8	17. FATHER'S NAME (First, Middle, Last)  John Ti	ruitt				ME (First, Middle, Meiden la Short	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)	laice	105 MAN INC ADD	DECC (Street or		loute Number, City or Town				
2	Theodore Walter Sa	avage		Vorton		nestertown		21620		
	aus. METHOD OF DISPOSITION	20b.F	PLACE AND DATE OF DE	SPOSITION (Nar	ne of	OATE 20c. LO	CATION CIR	y or Town, State		
	Burlel 2 Cremetion 3 Remov	St:	ill Pond (	emeter	y (7/16	93 Stil	Ll Pon	d, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	D ADDRESS OF FAC	413 H:	igh St			
	Willis	(1)00/s		Fellow	s - Well					
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that caused	the death. Do not e	nter tha mod	le of dying, such	as cerdiac or respi	ratory srres			
	IMMEDIATE CAUSE (Final	,						interval Between Onset and Death		
	disease or condition resulting in death) s.	SOS15								
_										
<u>o</u>	Sequentially list conditions,  Due to (or as a consequence of):									
SA	If any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST									
AL O	PART II. Other significant conditions	contributing to death but	t not resulting in th	e underlying	cause given in I	Part i. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINOINGS		
걸	cereborovesa	ulor acció	ent			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME							7	OF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDIC										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL/ HER:	ICE OF DEATH (Che	ck only one)				
ΥS	1 YES 2 NO	1.2 Inpetient 2 - ER/Outpet	lent 3 DOA 4 D	Nursing Home	5 🗆 Raeldence					
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c, INJU WOF	IK?	28d. OEŞCRIBE HOW IN	IJURY OCCUR	RED		
BY	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE OF INJURY -	- At home, ferm, street	M 1 YES 2 NO			28F LOCATION (Street and Number or Rural Pouls Number			
	3 Suicide 6 Could not be detarmined 286. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 286. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 287. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
1 1	29e. CERTIFIER CERTIFYING PHYSICI	AN: To the best of my knowler	dge, death occurred at	the time, date (	and place, and due t	to the cause(s) and man	ner se stated			
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.									
	29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)									
TO BE	Jal 1 Dhou				0317	49	▶7/1	3/13		
	11 11/6 -1	COMPLETED CAUSE OF DEAT		/ _	, ,					
	31. DATE FILED (Month, Day Year)		action of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the							
31. DATE FILED (MONTH, DAY 1993) 12. REGISTRAR'S SIGNATURE  JUL 29 1993 12. REGISTRAR'S SIGNATURE										
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for use as the burial-transit permit. Pages 1, 2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
after death. Page 6 ma	by the funeral director, i	moval.	ical examiner must
ecuted within 24 hours	nd completely filled in !	burial, cremation, or re-	atic event, the med
death certificate be ex	e attending physician a	fental Hygiene prior to	ury, or other traum
e law requires that the	has been signed by th	Dept. of Health and N	23 shows any Inj
JOING PHYSICIAN: The	: After this certificate	death with the State	Is marked, or item
HE HOSPITAL OR ATTE	HE FUNERAL DIRECTOR	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: If Item 28
10	6	De fi	IMP

9

									9	3	2277	1
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT OF		MEN	TAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			3. TIME OF DEAT	'n
	WILLIAM Fran	cis	SANDI	ERS			JUI	LY 18	1993	YEAR	8:10a	м
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS	- "	ATE OF BIRTH fonth, Day, Year)		s. BIRTH Countr	IPLACE (State or Fo	oreign
	219-16-0111		67	YRS.	7 1/2: 72		Ju1	y 19,19	25		yland	
œ	9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUR	NTY OF D	EATH '	
OT	PHYSICIANS MEMO	RIAL HOST	PITAL		LA PI	ATA			CHAR	RLES		
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY	,
	Maryland Cha	arles			Bryans F	Road				İ	LIMITS?	NO
FUNERAL	10e. STREET AND NUMBER				10	1. ZIP CODE			10g. CITI	ZEN OF W	WHAT COUNTRY?	
NEF	206 Amherst Road					2061	6		υ	J.S.A	۷.	
FU	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	NO	13. WAS DE	CENDENT OF HISI	PANIC OR	IGIN? (Specify Yee	or No-	14. RACE Black	- American India	en,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V	- 1945		1 🗆 YES	NO Spe	city:	1120-00		Specif	ty:	
ED	15. DECEDENT'S ED	UCATION	16a. DE	CEDENT'S	USUAL OCCUPATI	ON		16b. KIND OF BUS	INESS/IND	Whi	te	
Ē	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	6/60	ive kind of Do NOT u	work done during m se retired.)	ost of working	İ					
COMPLETED	11			P1u	mber			U.S.	Gove	rnme	nt	
	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (Fir	st, Middle, Maiden	Sumame)			
96	Worthy Sanders						rl C					
5	196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tow  Connie R. Sanders  5250 Valley Force Dr. Apt. 71											
	Connie R. Sanders  5250 Valley Forge Dr., Apt. 714, Alex., Va. 22304  20s. METHOD OF DISPOSITION  1/2 Burlai 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  20c. LOCATION — City or Town, State									304		
	1/2   Burial 2   Cremation 3   Removal from State   Cemetary, crematory or other place)   Chickamuxen United Meth Ch. 7-2   Chickamuxen, Maryland									- Na		
	21. SIGNATURE OF FUNERAL SERVICE U	CENSEE			22. NAME A	ND ADDRESS OF	FACILITY		Craii	uvell	· Maryro	anu
	* W. C. my	0	M00668			iams Fu						
	23. PART I. Enter the diseases, or	complications the	it caused the de	eth. Do r	not entar the me	$\frac{225 \& G}{\text{ode of dving. so}}$	TAMO	nt Rd.,	Indi	an H	ead, Md.	
ı	shock or been failura.  IMMEDIATE CAUSE (Final	List only one cau	asa on each line	).				,			Interval Be	etwean
	disease or condition resulting in death)	a. CA	NCE	R	at 61	241	CA	AVTT	4		Olisar alla	Date
	resulting in death)	DUE TO	(OR AS A CONSE	DUENCE O	F):	1/1/		1 1	/			
Z	Sequentially list conditions,	b										
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	DUENCE O	F):							
윤	CAUSE (Diseese or Injury that initiated events	c. OUE TO	(OR AS A CONSEC	DUENCE O	F):							
	resulting in death) LAST	d										
2	PART il Other elgolficent condition		death had ear									
PHYSICIAN: MEDICAL	PART II. Other significant condition	ia contributing to	death but not r	eeuiting	in the underlyin	g cause given	in Part i	. 24a. WAS AN A PERFOR		24b.	WERE AUTOPSY FIR AMAILABLE PRIOR	ТО
							_	1 TYES 2	□ NO		OF DEATN?	AUSE
Σ											1 YES 2 N	10
AN	25. WAS CASE REFERRED TO MEDICAL			_	26. P	ACE OF DEATH (	Check only	v one)				
SIC	EXAMINER?	ER/Outpatient 3	ent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
¥	27. MANNER OF DEATN	28e. DATE OF (Month, D	INJURY	28b. TIM	E OF 28c. IN.	URY AT	_	DESCRIBE NOW IN	JURY OCC	URED		
BY	1 Natural 5 Pending 2 Accident Investigation				WORK?							
	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE O building,	F INJURY — At ho atc. (Specify)	me, term, s	Rreet, factory, offic		28f. L	OCATION (Street a: City or Town, State)	nd Number	or Rural A	oute Number,	
T	no. Oppring		100000									
COMPLETED	(Check only											
8	2 MEDICAL EXAMIN		xamination end/or i	investigatio	n, in my opinion, o			late and place, end	due to the	cause(e)	end manner ee st	ated.
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)												

B. SIGNATURE AND TITLE OF CERTIFIER	A	manganda

D26064

29d. DATE SIGNEO (Month, Day, Year)
7-18-93

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VIDYASAGAR ANMANGANDTA
31. DATE FILED (Month, Day, Year)
32. REC P .0 BOX CHARLOTTE HALL MARYLAND 32. REGISTRAR'S SIGNATURE
Julia Davidson Randelle

his 34 hours offer death Doos & was be estated by the housing or second at the
34 hours after day
I OB ATTENDING DHVCICIAN: The fau requires that the death cartificate he eventual within
40 00
C DHVCICIAN. The faw remainer th

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE ELINERAL DIRECTION After this confidence has been extended to the aftending objection and non-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Cala	. /		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	COTINNE	SCArbero		SCALBER	JULY 11,18	43 0201 N
	176-70-1600	1 - M 2 XF 8	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-29-190	8. BIRTHPLACE (State or Foreign Country)
OR	9a. FACILITY NAME (If not institution, give si PENINSULA REGIO			SALISBURY	EATH 9c.	COUNTY OF DEATH WICOMICO
[ <u>당</u>	RESIDENCE OF DECEDENT  10a. STATE 1 10b. COUNTY	,				
. DIRECTOR	Md. So.	merset	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 \( \text{NO}\) NO
FUNERAL	195 SOME	's COUR		101, ZIP CODE 21817	10g.	CITIZEN OF WHAT COUNTRY?
BY FUR	11. MARITAL STATUS 1  Never Married 2  Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 240	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:
ED	15. DECEDENT'S EDUC	CATION	18e. DECEDENT'S U	I COMPATION	16b. KIND OF BUSINESS	DIFFCI
once. COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of wo	rk done during most of working	Domes!	, 1
OM G	17. FATHER'S NAME (First, Middle, Last)		-110			
ਙ	John Perry	Horsey		AdA	Purnel	
TO BE	BY ENUA VASS	WATERS	302	DORESS (Street and Number or Rural I	Route Number, City or Town, State	ristirly Md.
must	20e.METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State cem	PLACE AND DATE OF	DISPOSITION (Name of	OATE 20c. LOCATION	N - City or Town, State
examiner	21. SIGNATURE OF FIGNERAL SERVICE LIC	ENSEE / learn	-	22. NAME AND ADDRESS OF FA	- //	Md. 21817
ry, or other traumatic event, the medical CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF:		Tour fact	Interval Between Onset and Deat
		J				
MEDICAL	PART II. Other aignificent condition	a contributing to deeth b	ut not resulting In	the underlying cause given in	Part I. 24a, WAS AN AUTOF PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION DE CAUSE
S Z						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Che	ock only one)	
IXS	1 VES 2 NO	1   Inpetient 2   ER/Outp	atient 3 DOA 4	☐ Nursing Home 5 ☐ Residence	6 Other (Specify)	
ZB IS MARKED, TED BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	WORK? M 1 WES 2 NO	28d. DEŞCRIBE HOW INJURY	OCCURED
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, str	et, lactory, offica	281. LOCATION (Street and Nut City or Town, State)	mber or Rural Route Number,
IMPURIANT II 16M 28 TO BE COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMPLE	/ N		et the lime, date and place, and dua in my opinion, death occured at the		stated.  to the cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTERS	0		29c. LICENSE NUM	1	DATE SIGNED (Month, Day, Year)
10	30. NAME (AND ADDRESS OF PERSON WHO JOSEPH L. Raffe	HO MA C	NTH (ITEM 27) (Type, P	Locust Sts. S	alisbun M	0.21801
	31. DATE FILED (Month, Day, Year)	932, REGISTRAR'S SIGN	ATURE 1. 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.0.00
	JUL 21 '93	guia Davidson	Manage			

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		CE			F DEATH	l	REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, Last, Helen M.	Tuttle	HELEN	N McQU	AIDE	TUTTLE		DATE OF OEATH	Y _ 9	YEAR 3	3. TIME OF DEATH 4:10 O M
4. SOCIAL SECURITY NUMBER 199-03-6403	0 00 (/00					F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)			Count	HPLACE (State or Foreign ry)
9a. FACILITY NAME (If not institution, give		80	YRS.	AL OUTH TON	N OR LOCATION	Jan. 10, 1913 Canada (				
Suburban Hospit			Ι,		hesda	OF DEATH			inty of D	
RESIDENCE OF DECEDENT				Det	nesda			1101	regon	icly
Maryland Mon	tgomery			town or Lo						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
3700 Stewart					208				S.A.	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O	res 2 XN	NO NO	If yes	DECENDENT OF H , specify Cuban, & YES 2 X NO	lexican, Pu	PRIGIN? (Specify Yea verto Rican, atc.)	or No—	14. RACI Black Speci	E — American Indian, k, Whita, etc. ihy: White
15. DECEDENT'S ED		18a. DE	CEDENT'S US	SUAL OCCUP	ATION		16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		cretar		most of working		Highway	Useı	cs Fe	ederation
17. FATHER'S NAME (First, Middle, Lest)				7	18. MOTHER	'S NAME (	First, Middle, Malden			
Clarence	Griffith Mc	Quaide	2		1	Hele:	n S. McCu	ine		
19a. INFORMANT'S NAME (Type/Print)							Number, City or Town			
Frederick L.	Tuttle	1	1880 A	rdmor	e Drive	, F.	lorissant	, MC	63	3033
20a. METHOD OF DISPOSITION   120 Burlal 2   Cremation 3   Ref 4   Donation 5   Other (Specify)	moval from Stata	cemetery cres	metary or other	rnlacal	DISPOSITION / Name of place   DATE   20c. LOCATION - City or Town, State   7-23 Brentwood, Mary 1:					
21. SIGNATURE OF FUNERAL SERVICE D	CENSEE	FOLL I	LINCOL		AND ADDRESS			ILWOO	ou, r.	laryland
> lend fe	JOSEPH GAWLER'S SONS, INC. 5130 Wisc. Ave., NW Wash., DC 20016						00016			
23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiretory arrest,						Ave	. NW Wa	ısh.,	, DC	20016
23. PART i. Enter the diseases, or shock, or heart failure.	complications that cau. List only one ceuse of	used the de	eth. Do not	513	O Wisc. mode of dying,	Ave such as	cardiec or respi	retory ar	DC rest,	Approximate
IMMEDIATE CAUSE (Final	. List Dnly Dne ceuse D	n aech iine.		anter tha	mode of dying,	Ave .	NW Wardiec or respi	retory ar	DC rest,	
snock, or neart failure.	a. RESP.  DUE TO (OR /	RATO	O PLY	Fall	mode of dying,	such as	cardiec or respi	ash.,	, DC	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. RESP.  DUE TO (OR /	RATO	O PLY	Fall	mode of dying,	such as	cardiec or respi	retory ar	, DC	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. RESP. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A C	DUENCE OF):  HOUSENCE OF):	Fa I	uve Fa	such as	cardiec or respi	ash.,	, DC	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. RESP. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A C	DUENCE OF):  HOUSENCE OF):	Fa I	uve Fa	such as	cardiec or respi	retory ar	, DC	Approximate Interval Between Onset and Death
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Personal filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MAZITI-POY, MOT) DHMH-16 Rev 1/89

· œ	4. SOCIAL SECURITY NUMBER		E. TWYM	λN		7 07-1°	3-1993	3. TIME OF DEATH  /1/65-97 p
1	219-82-3822	1 🔀 M 2 🗆 F	AGE (In yrs. last birtho 31 YR	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) 07-27-1	S. BIF	ATHPLACE (State or Foreign unity)  Eryland
стов	9a. FACILITY NAME (If not institution, give frederick Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Memorial Mem		spital		ederick	DEATH	9c. COUNTY OF	F DEATH ERICKY
DIRE	Maryland Fr	ederick	10c.	Frede				10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
FUNERAL		s Avenue			101. ZIP CDDE 217		U.S	F WHAT COUNTRY?
₩	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES WINO Speci	ANIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	81	ACE — American Indian, ack, White, etc. Decity: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION o completed) College (1-4 or 5+)	(Give kind	ort's usual occur of of work done during or use retired.)	most of working		staurar	
BE COM	17. FATHER'S NAME (First, Middle, Last) William G. Tw	yman, Sr.			18. MOTHER'S N.	AME (First, Middle, Meider	1 Sumame)	
TO 8	19a. INFORMANT'S NAME (Type/Print)  Henrietta Budo 20a. METHOD OF DISPOSITION	d (Mother	183		ndal Cou		,,	g,MD 2087
	1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE D		cemetery, cremator	or other place) n Park	Cemeter	y 7/20 1	Rockvil	le, MD
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that co	sused the death. I	RO	CKVILLE,	MD 2085	50	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Cocaine induced Rhaldomyolysis  DUE TO DOR AS A CONCEDURACE OF):							Onset and Deati
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	NOutpatient 3 🗆 DO	OTHER:	S. PLACE OF DEATH (C			
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,	URY (687) 28b.	TIME OF 28c. INJURY M 1	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 8 Could not be determined	building, etc.				28f. LOCATION (Street City or Town, State	)	al Route Number,
BE COMPLET	(Check only one) 2 MEDICAL EXAMINE	ER: On the basis of axem			n, deeth occured at the			e(a) and manner as stated.
A V	296. SIGNATURE AND TITLE ON CERTIFIE	?. yeros	r, me	<del>-</del>	DUIT		29d. DATE SIGN	IED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WI	D COMPLETED CAUSE O	OF DEATH (ITEM 27) (	Type Print				

2-0020	iding physician.	s the burial-transit permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	deen slighted by the statening physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within 24 hou	een signed by the attending physician and completely filled in by the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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- 5	1. DECEDENT'S NAME (First, Mick		MARY EI			AIL OF	DEATH	2. DATE OF	DEATH D		YEAR 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 043-01-3205		M 2 XX	AGE (In yrs. lest b	YRS.	F UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De 05-22	y, Yber)		a. BIRTHE Country	12:15 AM PLACE (State or Foreign ) IECTICUT
TOR	90. FACILITY NAME (If not instituti SPRINGBROOK RESIDENCE OF DECED	ADVE		URSIN			R LOCATION OF DE				NTGC	ATH OMERY
DIRECTOR	10e. STATE 10b	COUNTY MONTG	OMERY			OWN OR LOCAT	SPRING					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 12325 NEW H.	AMPSH:	IRE AVI	E		10f.	20904					HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	ried	MAS DECEDENT EVORCES? 1 T	YES 2/ NO	ED	13. WAS DECI	ENDENT OF HISPAN city Cuban, Maxican	i, Puerlo Ricar	pecify Yes n, etc.)	or No-	14. RACE	- American Indian, White, etc.
COMPLETED	15. DECEDEN (Specify only high Elementary/Secondary (0-12) 1.2	1	vi eted) lege (1-4 or 5+)	(Give	EDENT'S US kind of work to NOT use re		N It of working			F DEI		
S	17. FATHER'S NAME (First, Middle,	Last)					18. MOTHER'S NAM	_			LIVOL	
B	PATRICK DI			T <sub>40</sub> ,			ELLEN		FFOR	_		
٩	WILLIAM DIFFLE	,					nd Number or Rural R	M	ADIS	ON,	CONNE	CTICUT
	1 Donation 5 Other (Spec		rom State	cemetery, crema	atory or other	DISPOSITION (Nat place) CEMETEI		777		CATION —		ONNECTICUT
	21. SIGNATURE OF FUNERAL SER	WICE LICENSE!	the	lel	AKIS	FRANCIS	O ADDRESS OF FACE	LINS F	UNER	AL HO	ME,	
	23. PART i. Enter the disease shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	ses, or complifations. List p	DUE TO (OR	y AS A CONSECU	101	anter the mod	de of dying, such	as cardlac	or respi	ratory arr	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		DUE TO (OR	AS A CONSEQUE	ENCE OF):	t di	ementi lon	9-				
MEDICAL	PART II. Other significant or	YPO	tributing to dea	th but not res	m Par /	he underlying	cause given in I	11 11 12 12	YES 2	MED?		MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEI EXAMINER?	HO	SPITAL:	W- 01	To	26. PL/ TEMETE:	ACE OF DEATH (Che	cit only one)			, da	
HYS	1 TYES 2 NO  27. MANNER OF DEATH		Inpetient 2 - ER 28e. DATE OF INJ	JRY 1	DOA 4	Nursing Home	S C Residence (	28d. DESCRIE		CIUMA OCC	LIBEO	
2	1 Notural 5 Pendi 2 Accident Invest	ing tigstion	(Month: Day, Y	1667	INJUIN	WOR					95,000	
اد	3 Suicide 6 Could	d not be mined	26e, PLACE OF IN. building, etc.	JURY — At home (Specify)	, farm, stree	et, factory, office		28f. LOCATIO City or To	N (Street a en, State)	nd Number	or Hural Ro	olls Number
COMPLETE							and place, and due to					and manner as stated.
S E	29b. SIGNATURE AND THE LEGIC			00			29c. LICENSE NUM					Month, Prey, Year)
2	30. NAME AND ADDRESS OF PER			EDEATH (ITEM 2	7) (Type, Prii		D310	envio	7 (	240	Dr	713193 .#430
	31. DATE FILES (Month, Pay Beat	993	4 1 0 1	HIGHATURE AND	لووو	Gree	nbelt	Md	. 2	07;	70	-

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permitted.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT (	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE OF MA	ARYLAND / DEPAR	RTMENT OF H		ENTAL HYGIEN	E	
	1. OECEDENT'S NAME (First, Middle, Last)				. DATE OF DEATH		3. TIME OF OEATH
	Elizabeth K. Thomps	on			HONTH DA	- /993	10:00 a. m
		3. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		DATE OF BIRTH (Month, Day, Year)		Hbi voe weer or com.
	577-01-6468 1 M 2 X F	HOURS MIN.	8-29-19		nington DC		
~	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OF	R LOCATION OF DEAT	н	9c. COUNTY OF E	
5	6212 Auth Road		Suitla	nd		Prince	George
EC	10a. STATE 10b. COUNTY	10c, C/1	TY, TOWN OR LOCATI	ON			10d. INSIDE CITY
E	Maryland Prince Georg	re's Su	itland				LIMITS?
AL	10e. STREET AND NUMBER	,		ZIP CODE		10g. CITIZEN OF	
FUNERAL DIRECTOR	6212 Auth Road			20746		US	SA
5	11. MARITAL STATUS  12. WAS OECEDENT FORCES? 1	EVER IN U.S. ARMED YES ZONO	13. WAS DECE	NOENT OF HISPANIC	ORIGIN? (Specify Yee	or No- 14. RAC	E — Americen Indian,
BY	1 Never Married 2 Merried FORCES? 1 FYES, GIVE WAL	OR DATES	1 TYES		Tourio Hicari, etc.)	Spec	
	15. OECEDENT'S EDUCATION	16a, DECEOENT'S	USUAL OCCUPATION		16b. KIND OF BUS		ite
E	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during most use retired.)	t of working	TOU. KIND OF BUS	INESS/INDUSTRY	
ם	10 0	Retai	1 Buyer		Jellef	f's Dep	ot Store
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME	(First, Middle, Maiden :	Surname)	
BE (	Philip Thomas			Etta Ki	ng		
2	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street en	d Number or Rural Rout	te Number, City or Town	, State, Zip Code)	
	Morris W. Thompson	6212	Auth R	oad Suit	cland, M	arylan	d 20746
	20s, METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Removal from State	20b. PLACE AND DATE cemetery, crematory or o	OF OISPOSITION (Nan other place)	ne of 7-12-5	3ATE 20c. LOC	CATION — City or To	own, State
	4 Donation 5 Other (Specify)  21. SIGNATUPE OF FUNERAL SERVICE LICENSEE	Maryland	State	Veterans	cen C	helten	ham, MD
	1 D+CA					633 016	d Alexande
	Joseph Jacken Joh	X	Ferry	Road C1	linton.	Marv1ai	nd 20735
	23. PART I. Enter the diseesea, or complications that a ahock, or heert failure. List only one cause	caused the death. Do	not enter the mod	le of dying, auch a			Approximate interval Between
	IMMEDIATE CAUSE (Fine) disease or condition	an al	10.00		100 151 1	Stage TV	Onset and Death
	resulting in death)	CACHAMA O	I The Cor	an with	repanne	rebasion	s, Ymos
_			,.				1
5	Sequentially list conditions, if any, leading to immediate	R AS A CONSEQUENCE O	PF):				
S	CAUSE. Enter UNDERLYING CAUSE (Disease or injury						
F	that initiated events  resulting in death) LAST	R AS A CONSEQUENCE O	PF):				
CERTIFICATION	d						
	PART ii. Other significant conditions contributing to d	eath but not resulting	in the underlying	cause given in Par	rt I. 24s. WAS AN	AUTOPSY 24t	. WERE AUTOPSY FINDINGS
S					1 TYES 2	K NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							1 TES 2 NO
PHYSICIAN: MEDICAL							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLA	ACE OF DEATH (Check	only one)		
ΙΥS		R/Outpatient 3 DOA	4 Nursing Home	5 Residence 6			
	1 Natural 5 Pending (Month, Day,		JURY WOR	IK?	Bd. DESCRIBE HOW IN	JURY OCCURED	
BY	2 Accident Investigation 3 Suicide & Could get be 28s. PLACE OF	NJURY — At home, ferm,		ES 2 NO	St. LOCATION (Street o	nd Number or Russi	Bords Mumber
COMPLETED	4 Homicide determined building, at	c. (Specify)		1	City or Town, State)	TO NUMBER OF NOTES	Node Number,
4	290. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of m	y knowledge death seems	and at the the state of				-
W	(Check only one) 2 MEDICAL EXAMINER: On the best of m						a) and manner on stated
	296. SIGNATURE LAND TILE OF CERTIFIER						
B	(02 2) Sears			7 / ( 2 1	R	> Z - 2	(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	a, Print)	TIT 73	U	T	- (2
				201 00%	iton, 48	2027+	
1	31. DATE FILED (Month, Day, Year) 32. REGISTRAR	S SIGNATURE	16	- I COI N	( ( ( )	-0104	
	JUL 1 3 1993 Julia Davidson	-Handell					

1 - STATE REGISTRAR		STATE OF N	MARYLAN				HEALTH AND	MEN	TAL HYGIEN	_	S 4	2611	
1. DECEDENT'S NAME (First	a. DATE OF DEATH								3. TIME OF D	EATH			
	DOROTHY A THOMAS  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH  A BIRTHPI								7;55	Ам			
015-24-7076	M 2 XX F (2) YPS MONTHS DAYS HOURS MIN. (Month, Pay 1987)												
	PACIFIC MANER (November 2)							ervill	e,Mas				
FORT WASHINGTON MEDICAL CENTER FORT WASHINGTON, MD PRINCE GEORGES  RESIDENCE OF DECEMENT													
10a. STATE	10b. COUNTY					OR LOCA	TION					10d. INSIDE C	YTK
MD	Prin	ce George	e's	OXON	HI	LL						1 YES 2	□ NO
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHA							WHAT COUNTRY	13					
6547 BOCK RD			- Section				0745 				ted	States	
1 Never Married 2 🔀	Married	12. WAS DECEDEN FORCES? 1	YES	2 K NO	13.	If yes, sp	CENDENT OF HISPAN Hecify Cuban, Maxica	in, Pue	IGIN? (Specify Yes	or No-	14. RACI Biaci	E — American I k, White, atc.	ndlen,
3 Widowed 4 Divo		IF YES, GIVE W					3 2 🔀 NO Specify	y:			Spec	"Black	
(Specify only	EDENT'S EDU	completed)		Give kind of v life. Do NOT us	vork done	during mo		- 1	18b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0	F12)	College (1-4 or 5+	)	Retire					Federal	Con	o zenn	ont.	
17. FATHER'S NAME (First, M	iddle, Last)			TIE CTTE	<u>u</u>		18. MOTHER'S NA	ME (Fir			erin	ent	
Lawrence T	ucker,	Sr.					Elnora						
19a. INFORMANT'S NAME (7)  Donald The				196. MAILING 6547	BOC	S (Street a	and Number or Rural I	Route N	lumber, City or Tow	n, State, Zi	Code)	745	
20a. METHOD OF DISPOSITE		Service was		ACEANDDATEC	F DISPO	SITION (Ne		-		CATION —	_		_
4 Donation 5 Other	(Specify)		Ft.	ry, crematory or of Linco			ery 0	7/1	17/93 Br	entw	ood.	Marvl	and
21. SIGNATURE OF FUNERA	PL SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  STEWART FUNERAL HOME												
PART I. Enter the di	seeses, or o	complications that	ceueed th	e deeth. Do n	ot ente	the mo	Benning	Roc	ad, N. E	Wa	shin	Approx	
shock, or he IMMEDIATE CAUSE (Fin disease or condition	eert tellure.	Liet only one ceu	se on eech	iline.					,	idiory of		interval	Between and Death
resulting in desth)	<b>→</b>	METASTA				JF CC	)FON						
	_	CARCIN		NSEQUENCE OF	7):								
Sequentially list conditi				NSEQUENCE OF	):			_					
cause. Enter UNDERLY	NG	_ PNEUMO	NIA									į	
CAUSE (Disease or inju that initiated events	"			INSEDUENCE OF	):								
resulting in deeth) LAS	' (	. DEHYDR	ATION										
PART ii. Other significe	nt condition	e contributing to	deeth but	not resulting i	n the u	nderiyin	g cause given in	Part i	. 24s. WAS AN	AUTOPSY	24h	. WERE AUTOPS	/ FINDINGS
ANEMIA PERFORMED? AMAILAB COMPLE						AVAILABLE PRICOMPLETION DOF DEATH?	DR TO						
												1 TES 2	□ NO
25. WAS CASE REFERRED TO	MEDICAL												
EXAMINER?	MEDICAL	HOSPITAL:			OTHE	R:	ACE OF DEATH (Che						
27. MANNER OF DEATH		1 Inpatient 2 I		nt 3 DOA		28c. INJ	e 5 Residence	_			011000		
1 🔀 Netural 5 🗌	Pending nvestigation	(Month, De		INJ	URY M	WO	PRK?	280.1	DESCRIBE HOW II	NJUHY OC	CURED		
3 Suicide 8	Could not be	28a. PLACE OF building, o	INJURY — etc. (Specify)	At home, farm, s	treet, fac			281. L	OCATION (Street a City or Town, State)	nd Number	or Rural F	Route Number,	
29a. CERTIFIER	Calculate Control (Control		Turni / Cress 6										
(Check only		CIAN: To the best of R: On the beals of ax										) and manner a	e stated.
296. SIGNATURE AND TILE							29c. LICENSE NUM					(Month, Day, Yes	
819	wh	Centin	0				D240		1	1	1810	13	,
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type,	Print)						<del>     </del>		

Shantha Murthy, 6196 Oxon Hill Road, Oxon Hill, Maryland

32. REGISTRAR'S SIGNATURE Julia Davidson-Randale

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

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4 1993

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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2 Jurs	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
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IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN			F HEALTH AND I		GIENE			
	1. DECEDENT'S NAME (First, Middle, Last)	Elart MARY 6 28 93								DE DEATH
	4. SOCIAL SECURITY NUMBER  166-14-6485  9e. FACILITY NAME (If not institution, give s	1 D M 2 D 79	yrs. leet birthylle, YRS.	MONTHS DA	AR IF UNDER 24 HRS.  YS HOURS MIN.  WN OR LOCATION OF DE	7. DATE OF BII (Month, Day, 10-20)	Year)	/ 0	CNNSULA OF DEATH	
TOR	Frederick Health		erick			erick				
DIRECTOR	Maryland Fred		ety, town on L Ukersu					10d. INSI	DE CITY TS? S 2 NO	
RAL	10e. STREET AND NUMBER			10f. ZIP CODE				OF WHAT COU	NTRY?	
10e. STREET AND NUMBER  405 Glade Blud.  11. MARITAL STATUS 1  Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 15 YES, GIVE WAR OR DATES  10. ZIP CODE 21793 13. WAS DECEMBENT OF 16 yes, specify, Cuban, 1 YES 2 NO 1 YES 2 NO						in, Puerto Rican,			RACE — Americ Black, Whits, et Specify:	nite
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	completed)	(Give kind	I'S USUAL OCCU of work done during use retired.)	PATION og most of working	16b. KIND	OF BUSI	NESS/INDUST	RY	
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Factor	ry Work	2.h.	Ga	rmen	t Indi	istry	
	17. FATHER'S NAME (First, Middle, Last)  Michael Haiduk				16. MOTHER'S NA		Melden S	umame)	200	
TO BE	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural	Route Number, Cit				
	MAA Sandra Smiz	th 20b. P	405	Glade Cosition (Name	Blvd Wal	bersvil	20c. LOC	MD 217	793 or Town, Stata	
	1 Donation 5 Other (Specify)	oval from State	other place)		Momorial P					land PA
	21. SIGNATURE OF FUNERAL SERVICE LIE  23. BART I. Enter the diseases, or			Sta	16hon Funo	nal Hom	NO K	P.A.		,
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liat only one cause of eac	th line.		mode of dying, such				On	proximate erval Between set and Death
_	Tooling in dealing	DUE TO (OR AS A C								
SATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE	OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE	OF):						
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  24b. WERE AUTOPSY AVAILABLE PRIK  COMPLETION D  OF DEATH?  1 VES 2						E PRIOR TO TION DF CAUSE H?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (C	heck only one)				
YSIC	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Output			Home 5 - Residence					
ву Рн	27. MANNER OF DEATH  1 Description 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	265.	INJURY	c. INJURY AT WORK? I YES 2 NO	28d. OESCRIB	E HOW IN	JURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specif)		m, street, factory	office	281. LOCATION		nd Number or F	Rural Route Num	ber
COMPLETED	cone)	ER: On the basis of examination							use(s) and mar	mer as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	A. moder	e		29c. LICENSE NU				GNED (Month, D	
	30. NAME AND ADDRESS OF PERSON WI	40 COMBLETED CAMPE OF DEAT	THE STREET ATT AT	E Christ						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring),

32. BIRGISTRAPHS SIGNATURE Pandall

willer 31. DATE FILED (MONTH PRY, 300) Frederic mg.

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DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 9 3 JAMES 700 E. TINSMAN 07 A 16 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIFTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Year) Feb. 9, 1948 1 🔯 M 2 🗆 F 579-62-2318 45 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SOUTHERN MD. HOSPITAL CENTER DIRECTOR PRINCE GERRGE'S -IN TON RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Charles Waldorf 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 47 Moran Drive 20601 U.S.A. 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВУ 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Sales Manager Electronics Retail 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Richard O. Tinsman Mary S. Ferguson 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Kathryn V. Tinsman 47 Moran Drive, Waldorf, Md. 20601 20a. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Trinity Memorial Gardens 4 Donation 5 Other (Specify) 7/19 Waldorf, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22, NAME AND ADDRESS OF FACILITY The Huntt Funeral Home, Inc. Ca Matthews M00658 Benjamin M. P.O. Box 156 Waldorf, Md. 20601 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition \_\_\_\_\_ Melanomor Malianunt
DUE TO (OR AS A CONSEQUENCE OF): 2 years Hygarca/cem,
DUE TO (OR AS A DONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 8 Could not be

29e. CERTIFIER (Check only one)

1 CERTIFING PHYSICIAN: To like best of my knowledge, deep occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or in

			The second of the second
no. SIGNATURE AND TITLE OF CROTIFIED	LW	D 40479	29d. DATE SIGNED (Month, Day, Year)  7 118 (93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Davison Pendrooke Sq Surte loy wouldarf MD 31. DATE FILED (1000). Day 2001 93

32. REGISTRAR'S SIGNATURE
GIMA DAYGOON RANDER

Service rescue

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	o in by vie juneral director, page 3 should be detached for use as the bunal-transit or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IU THE FUNERAL UNELIUM: Afrei mis certificate has been signed by the attending physician and completely lined in by the funeral director, page 3 should be detached for use as the bunal-transit period within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle Charles F		ler		2. DATE OF DEATH MONTH 23	1993 YEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 212-22-6050 98. FACILITY NAME (# not institution	1∭M 2 □ F 8	3 YRS. MONTH			09 M	
	ty Gen. Hosp		estminster	EATH	Carro	
MD	Carroll		inksburg			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1850 Tank Ro	ad		101. ZIP CODE 21048		US	WHAT COUNTRY?
3 Widowed 4 N Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR DR DA	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specif	an, Puerto Rican, etc.)	Bi. Sio	CE — American Indian, ack, White, etc. acity: white
15. DECEDENT (Specify only highest Elementary/Secondary (0-12)  17. FATNER'S NAME (First, Middle, L.	S EDUCATION It grade completed) College (1-4 or 5+)	Ilfe. Do NOT use retire	ne during most of working d.)	16b. KIND OF BUS		
17. FATNER'S NAME (First, Middle, L.	nst)	worker		ME (First, Middle, Malden	& Dec	ker_
	ert Uhler		100 000 000 000	Frank	OLI NEI NO	
Unaries Air 19a. INFORMANT'S NAME (Type/Print William A. U	0		ess (Street and Number or Rural ank Road F	Route Number, City or Town		1048
20a. METNDD OF DISPOSITION 1 Burlel 2 Cremetton 3 4 Donatton 5 Other (Specific	Removal from State 20b.	PLACE AND DATE OF DISP etery, crematory or other pla and ymount	OSITION (Name of	OATE 20c. LO	CATION - City or	Town, State
21. SIGNATURE OF FUNERAL SERV			2. NAME AND ADDRESS OF FA	CILITY		
Pohont V	. Pritts. Sr		Pritts Fur 412 Washin			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	DUE TO (DR AS A	CONSEDUENCE OF):  CONSEDUENCE OF):  CONSEDUENCE OF):	Aspuation Hi infan	roeture	uento beort	Interval Between Onset and Death
PART ii. Other aignificant cor	iditions contributing to death be	ut not resulting in the	underlying ceuse given in	Part I. 24a, WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 (1)
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C)	neck only one)		
1 - YES 2 - 190	1 Capatient 2 ER/Outp	atient 3 DOA 4 1	tursing Home 5 - Residence			
27, MANNER OF DEATH  1 Natural 5 Pendin 2 Accident Investig		28b. TIME OF INJURY M	28c, INJURY AT WORK?  1 YES 2 ND	28d. DEŞCRIBE HOW II	NJURY OCCURED	
	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street,	actory, office	281, LOCATION (Street a City or Town, State)	and Number or Run	Il Route Number,
	PHYSICIAN: To the best of my knowl					e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CE	REJER MD		29c. LICENSE NU D 389 (	MBEB	29d. DATE SIGN  ▶ 1/2	EO (Month, Day, Year)
	ON WHO COMPLETED CAUSE DF OE	ATH (ITEM 27) (Type, Print)	H RO	west m	moter	HD 21157
JUL 26 '93	22. REGISTRAR'S SIGN.	ATURE ARE				

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	DOROTHY H						JULY 15 1993			10:25 A M			
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 Y		DER 24 HRS.	7. DAY	E OF BIRTH			IPLACE (State or Foreign
- 9	182-14-85	40	1 🗌 M 2 😿 F	70	YRS.	MONTHS	AYS HOU	IS MIN.		. 9,19	22		SYLVANIA
	9a. FACILITY NAME (If not in	stitution, give	street and number)			96. CITY, TO	OWN OR LO	ATION OF	DEATH		9c. COU	NTY OF D	EATH
5	9630 CARRIAGE ROAD					KENS	INGTO				МО	NTGO	MERY
EC	RESIDENCE OF DEC	10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCATION			10d. INSIDE C			
DIRECTOR	MARYLAND	MONT	[GOMERY			KENSI	NCTON					- 1	LIMITS?
	10e. STREET AND NUMBER	1101	CONTENT			KENDL	10f. ZIP (	ODE			10g. CITI	ZEN OF W	WHAT COUNTRY?
FUNERAL	9630 CARRIAG	GE ROA	AD				2	0895			U	SA	_
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED					NN? (Specify 1 o Rican, etc.)	es or No-	14. RACE	American Indian, c, White, etc.
BY	1 Never Married 2 3 X Widowed 4 Divo		IF YES, GIVE W				YES 2 📉			o riceri, etc.)		Speci	lly:
	15. DECI	EDENT'S EDU	CATION	16a D	FCERENTIE	USUAL OCCI	IDATION			Bb. KIND OF E	I ICANESO (INC		ITE
E	(Specify only Elementary/Secondary (0-	highest grade	completed) College (1-4 or 5	(0	live kind of u	work done duri	ng most of w	orking	- 1	SUL KIND OF E	OSINESS/INL	JUSTAT	
7	Estimate processing (	-	1		SECRE	TARY /	HOME	MAKEI	2	NIH			
COMPLETED	17. FATHER'S NAME (First, Mi	ddle, Last)					15. N	OTHER'S N	AME (First	, Middle, Maide	n Sumame)		
BE (	HERBERT (	C. JON	NES					MART	HA	NIXO	N		
2	19a. INFORMANT'S NAME (7)			15	b. MAILING	ADDRESS (S	treet and Nur			mber, City or T		,	
	MARY VEIGLI			1		TCHEL		EET		7			ETTS 02181
	20a, METHOD OF DISPOSITI Mariel 2 Cremetion 5 Other		novel from State	cemetery, cr	ematory or o	OF DISPOSITION (The place)				- (	OCATION —		
	21. SIGNATURE OF FUNERAL		CENSEE	- I GATE	OF H	EAVEN 22. NA	CEME'	RESS OF I	FACILITY	19 ISII	VER S	PRIN	G.MARYLAND
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	23. PART i. Enter the di		complications the	t caused the d	anth Do	500	UNIV	ERSIT	Y BL	VD.,W.	SIL.	SPR.	,MD.20901
	shock, or he	part failure.	List only one cau	se on aach lin	B.	iot enter til	e mode or	uying, so	CII 38 Ca	ruiac of res	piratory art	est,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Fin disease or condition		M 11				0	,					Onset and Death
			a. Mult	OR AS A CONSE	QUENCE O	orga.	٠ ٢.	عراب	r-e				
Z	disease or condition resulting in death)	+							R-e				
TION	disease or condition resulting in death)  Sequentially list condition if any, leading to immediately in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the	ons,	a Advan	(OR AS A CONSE	CAre	,20-			Q.e				
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLY in CAUSE (Disease or injust that initiated events resulting in death) LAST  PART II. 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Onset and Death  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  and manner as stated.  (Month, Day, Year)

ITEM: 18. PER F.H. G-702 8/9/93 t.t

4		FOR STATE
1	•	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

DECEDENT'S NAME (First, I	Middle, Leet)						71	2. DATE OF DEATH			3. TIME OF DEATH		
Robert	Fi	rancis		Vinc	rent			07 13	AY 1 C	YEAR 993	0352		
SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER 1 Y	YEAR IF UNDE	1 24 HRS.	7. DATE OF SIRTH		e. BIRTI	HPLACE (State or Foreign		
021-14-7238		1 ₩ 2 □ F		72 YRS.	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year) 2-25-21		Count	w) ssachusett		
FACILITY NAME (If not inst		treet and number)		12	9b. CITY, TO	OWN OR LOCAT	ON OF DE		Sc. COU		OF DEATH		
253 Magoth	D.	idas De	500		Dog	adena			2	7			
SIDENCE OF DEC	EDENT	Toge Ro	140				LAnr	ne A	rundel				
10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION									10d, INSIDE (				
MD OIN	Anne	e Arundei	1	P	asader	na					1 TYES 2 NO		
. STREET AND NUMBER						10f. ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?		
253 Magoth	y Brid	dge Rd.				211	22		Ţ	JS:A			
MARITAL STATUS		12. WAS DECEDEN	NT EVER IN	U.S. ARMED	13. WA	S DECENDENT	OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RAC	E American Indian, k, White, stc.		
Never Married 2 1 N		FORCES?	WAR OR DAT	ZNO		YES 2 XNO		n, Puerto Rican, etc.)		Spec			
				I -Viet							White		
15. OECEI (Specify only	DENT'S EDU			16a. DECEDENT'S	USUAL OCCI	UPATION ing most of world	ng	16b. KIND OF BU	SINESS/INC	DUSTRY			
Elementary/Secondary (0-1	12)	College (1-4 or 6		IIIe. Do NOT u	se retired.)			2/2.7.2	L				
				Naval	UIIICE			Mili					
FATHER'S NAME (First, Mid	idle, Leat)					200		ME (First, Middle, Maiden		4			
ouis G		Vincent					Alic	e M.	Dy	son	SULLIVAN		
INFORMANT'S NAME (Typ	pe/Print)		91	19b. MAILING	ADDRESS (S	Street and Numbe	r or Rumil I	loute Number, City or Tow	m, State, Zip	p Code)			
Kathleen (	C.	Vincent		253 1	Magoth	ny Brid	ge R	d. Pasaden	a, M	MD 2	1122		
METHOD OF DISPOSITION		numl from State		PLACE AND DATE		ON (Name of		DATE 20c. LO	CATION —	City or To	own, State		
Donation 6 Other				tery, cremetory or o lington		onal Cer	m.	7/19 Ar1	ingto	on,	Va.		
									100				
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nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE RINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	ermit	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit he filled within 72 hours after healt with the State Peer of Health and Mental Hurliene hour to huising command or sensoral	IMPORTANT: It from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT (	F HEALTH	AND M	ENTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)		- TOTT				2. DATE OF DEATH MONTH 21	Y 10	93	3. TIME OF DEATH			
	ARTHUR  4. SOCIAL SECURITY NUMBER		RIGHT (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRR	7. DATE OF BIRTH	19		5:45 A			
	218-54-6097	1× M 2   F   4			AYS HOURS	MIN.	NOV . 26, 19	51	WES	T VA.			
TOR	9a. FACILITY NAME (# not institution, give str 12 MAPLEWOOD COUNTY RESIDENCE OF DECEDENT		C		WN OR LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF		тн		ONTG	OMERY			
DIRECTOR	10a. STATE 10b. COUNTY MONTG				10d. INSIDE CITY LIMITS? 1 4 YES 2 NO								
FUNERAL	100. STREET AND NUMBER 12 MAPLEWOOD COURT	APT.#C			101. ZIP CODE 208			10g. CITIZ		HAT COUNTRY?			
В	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	If ye	DECENDENT O	n, Mexican,	ORIGIN? (Specify Yea Puarto Rican, etc.)	or No—	14. RACE Black, Specify	American Indian, White, atc.			
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	life. Do NOT L	work done duri	ng most of workin	g	FIRE DE	PT.	OF	PT TAT			
BE CON	17. FATHER'S NAME (First, Middle, Last) MERLE WRIGHT	Sumame)	11001	TIAL									
<b>5</b>	GLENNA J. WRIGHT				Treet and Number URY CIF		GERMANTO			20874			
	20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Remove  4 Donation 6 Other (Specify)	ral from State Cer	PARKLAWN CEMETERY 7/23 ROCKV						- City or Town, State				
	* Murie	N-Bo	erher	MUR	E AND ADDRES IEL H. 25 LAY	BARB	ER FUNERAI	L HOM	E 2	0882 VILLE, MD.			
	23. PART I. Enter the diseases, or conshock, or heart feliure. Li iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	Hodgs	line.	Dese	mode of dyl	ng, such	ss cerdiec or respir	atory arre	est,	Approximate interval Between Onset and Death			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DF												
PHYSICIAN:		HOSPITAL:	netient 3 DOA	OTHER:	6. PLACE OF DE								
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	Other (Specify)  8d. DESCRIBE HOW IN	JURY OCC	URED									
ED	3 Suicide 6 Could not be 4 Homicide datarmined	26a. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, cify)	street, factory,	offica	2	8f. LOCATION (Street an City or Town, State)	nd Number o	or Rural Rou	ute Number,			
COMPLET	29a. CERTIFIER (Check only 2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of examination	riedga, death occurr pand/or investigation	ed at the time, on, in my opini	data and place, on, death occurs	and dua to	the cause(a) and mann ne, data and placa, and	dua to the	d. cause(a) i	and manner as stated.			
BEC	9b. SIGNATURE AND TITLE OF CERTIFIER		-1 5	R.	29c. LICE	NSE NUMBE	ER .	20st. DATE	SIGNED IN	donty, Day, Hear)			

25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Check only one)								
1 ☐ YES 2 📆 NO	HOSPITAL: 1   Inputient 2   ER/Outputient 3	DOA 4 N	ER: ursing Home 5 KResidence	nce 6 Other (Specify)						
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Oay, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED						
3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — At he building, atc. (Specify)	ome, ferm, street, fa	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

ZVE. CENTIFIER	4 7 CERTIFICATION OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTR
(Check only	1 Z CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(e) and manner as stated
	A MEDICAL EVALUATED OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STAT

Jules .	Corlish.	m.D.	MD	3/6/2	17
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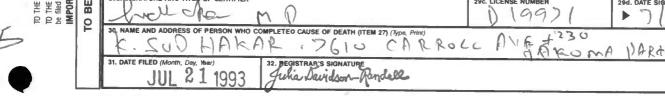
AUDRESS OF PERSON WIO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JULES R. LODISH 2901 OLNEY-SANDY SPRING RD. DR OLNEY, MD. 20832

22. REGISTRAR'S SIGNATURE 31. DAYE FILED (Month, Day, 1993

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 frouts after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ones.	
	4 hours a	filled in by	e medic	
5	d within 2	mpletely f	event, th	
60.00 001.00.60.000.000.000.000	e executer	an and co	umatic (	
	ertificate b	ing physici	other tra	
	e death o	he attendi Mental Hy	jury, or	
	es that th	igned by t	s any In	
	law requir	as been si lept, of He	23 show	
	IAN: The	rtificate ha	or Item	
	G PHYSIC	er this cer	narked,	
1	ATTENDIN	CTOR: Aft	28 is m	
	ITAL OR	RAL DIRE	If Item	
	THE HOSP	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	PORTANT	
	F	2 8	=	

	1 - FOR STATE REGISTRAR	STATE OF MAF	RYLAND / D CEF	EPARTME RTIFICA	NT OF I	HEALTH AND	MENTAL HYGIE			-	
	1. DECEDENT'S NAME (First, Middle, Last)  Stanley 4. SOCIAL SECURITY NUMBER		urre				2. DATE OF DEATH MONTH	DAY 17	YEAR 93	TIME OF DEATH	
8	089-01-0177	1 X M 2 - F	AGE (In yrs. lest bi	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-12-19(	Country)	ACE (State or Foreign		
TOR	90. FACILITY NAME (If not institution, give s Presidential Nurs RESIDENCE OF DECEDENT	· ·				or Location of		G.	N		
DIRECTOR	Maryland P.		10c. CITY, TOWN OR LOCATION  Adelphi							d. INSIDE CITY LIMITS?  YES 2 NO	
BY FUNERAL	1801 Metzerot Ro				10	1. ZIP CODE 20783			S.A.	T COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	ED	If yes, sp	CENDENT OF NISP secify Cuban, Mexic 2 X NO Spec	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)	es or No—	Specify:	American Indian, Thite, etc.  White	
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give	DENT'S USUAL kind of work do o NOT use retire	ne durina me	ON ost of working	16b. KIND OF B	USINESS/IND		mite	
COMPLETED	9 17. FATHER'S NAME (First, Middle, Last)	0	С	arpent	er	18. MOTHER'S N	Carpen		Union	Loca1#159	
TO BE C	Unobtain 190. INFORMANT'S NAME (Type/Print)	able	19b. N	MAILING ADDR	ESS (Street a	and Number or Rura	Unobtaina		Code)		
Ē	196. INFORMANT'S NAME (Type/Print)  Charles Mackey  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  6803 Marlboro Pike Forestville, Maryland  20g, METNOD OF DISPOSITION 1 (2) Burlat 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Neme of Complete, Crematory)  7-21-93 Brentwood, M.									State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNCTION SERVICE 21	DENSEE 2/10	Fort		Hines	ND ADDRESS OF P	i Funeral	Home	20	904	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that can	used the deeth	h. Do not en	1800 ter the mo	NewHamp ode of dying, su	shireAve.S	ilvers	Spring	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	GEPT	T 1 C	54		Interval Between Onset and Death					
NOI	Sequentially list conditiona, if any, leading to immediate	o GRE	AS A CONSEQUE	NE I			2E 67				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Diseese or injury thet initiated events resulting in death) LAST	c DUE TO (OR	AS A CONSEQUE				1~ +				
		d.					VA#> X				
PHYSICIAN: MEDICAL	PART II. Other eignificant condition	e contributing to bee	th but not rest	uiting in the	underlyin	g cause given in	1 Part i. 24a. WAS A PERF	ORMED?	CO	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpatient 3 🗆	DOA 4   I	ER:	LACE OF OEATN (C	theck only one)				
ву РНУ	27. MANNER OF DEATH  14 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJU (Month, Day, Ye		86. TIME OF INJURY	28c. INJ WC		28d. DESCRIBE NOW	INJURY OCC	URED		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (	URY — At home, 'Specify)	, farm, street, 1	actory, offic	•	281, LOCATION (Stree City or Town, State		or Rural Route	Number,	
COMPLETED		CIAN: To the best of my k								d menner es stated.	
Ŏ	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER										



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0		4
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit permit.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	URECTOR: After its certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.

TO BE COMPLETED BY F	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the buri- ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ar death. Page 6 may be retained by the hospital or attending phys	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys

	1 - STATE REGISTRAR	OTALL OF III	CE		ICATE O	F DEATH	MENIA	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  MYRON	S.		ALDM			2. DATE	OF DEATH	,	YEAR	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest				7	104 1.	9	93	0448 A"	
	051-26-5132	1 M 2 - F	61	YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE (Month	0F BIRTH -08-32		6. BIRTH Country	PLACE (State or Foreign NEW YORK	
~	9a. FACILITY NAME (If not institution, give a					OR LOCATION OF D	EATH		9c. COUNTY OF DEATH MONTGOMERY			
DIRECTOR	SUBURBAN HOSPITAI				BETHI	ESDA			MON	TGOM	ERY	
REC	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN OR LOC	ATION			-		10d. INSIDE CITY	
		<b>IGOMERY</b>		KI	ENSINGTO	ON					1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4309 DRESDEN STRE	€ET			1	of. ZIP CODE 20895			-		HAT COUNTRY? STATES	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. ARM X YES 2 NO AR OR DATES	0	If yes, i	ECENDENT OF HISPA specify Cuban, Mexic S 2 ANO Specif	an, Puarto F		or No—	14. RACE Black Specif	- American Indian, , white, atc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DEC (G/W life. I	EDENT'S	USUAL OCCUPATIVOR done during rise retired.)	TION nost of working	16b.	NEWSE				
OM	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA	AME (First, A					
BE C	MORRIS WALDMAN					HED	WIG S	CHREIE	ER			
6	19a. INFORMANT'S NAME (Type/Print)		1			and Number or Rural						
-	JEAN WALDMAN (W) 20a. METHOD OF DISPOSITION	LFE)				ST., KEN		-		895		
	1 X Buriel 2 Cremation 3 X Ram 4 Donation 5 Other (Specify)	oval from State			DE DISPOSITION (I	Name of AL GARDE	N 7-2	20c. LOC 25 FAI	LS C		wn, State CH, VIRGINIA	
	21. BIONATURE OF PUNERAL SERVICE LIC	ENSEE	,		DANZA	NSKY-GOL	DRERG	MEMOR	TAT.	СНАР	ELS	
9	Nanh	00	force	_		ROCKVILL						
	23. PART I. Enter the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	complications that List only one cause	t ceused the daa se on aach lina.	th. Do r	not anter tha m	ode of dying, aud	h as cerd	liec or raspin	atory erre	eat,	Approximeta interval Between Onset and Daath	
ŀ	resulting in death)	DUE TO	(OR AS A CONSECU	UENCE O	Die C	E from	arcu		20		Sweeze	
Ž	Sequentially list conditions,	· Oose	locked	Don	enler	care					2/swles	
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSECU	JENCE O	T):	9-1					2 1/2. 0	
FIC	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSECU	JENCE O	gent)	ulus					2 13000	
CERTIFICATION	resulting in deeth) LAST	a Ooo	eltila	نحف	is						>4400	
	PART II. Other significant condition	a contributing to	death but not ra	suiting	in tha undariyi	ng cause given in	Part I.	24a. WAS AN A		24b.	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL								PERFORM	-		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ME									_		1 YES 2 NO	
ÿ												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	3.50		OTHER:	PLACE OF OEATN (C)	neck only on	e)				
¥ l	1 YES 2 NO 27. MANNER OF DEATH	1 Minpetiant 2 -		28b. TIM		me 5 Residence		(Specify)				
	1 Natural 5 Pending	(Month, Da		INJ	URY W	YES 2 NO	28d. 0E\$	CHIBE NOW IN	JURY OCC	UREO		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF building, (	F INJURY — At hometc. (Specify)	ne, farm, e	street, factory, off	ica		ATION (Street an or Town, State)	d Number o	or Rural R	oute Number,	
	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of a	my knowledge dest	th occum	ed at the time de	lo and alone and du		(-)1				
COMPLETED	(Check only one) 2 MEDICAL EXAMINE										and manner as stated.	
	290. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU						
O BE	Jourgustus A-	Hau	11 Bi	En		BER 29d. DATE SIGNED (Month, Day, Year)  Luc 19 1993.						
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS				QUIND.	wi i	ş ·	1			
		cedepe	own the	680	1, 130	ethos.	96	m B	,	306	314	
	31. DATE FILED (Month, Day, Year)	Fra Davido	R'S SIPHOTHER				373					

Witness of the proof

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BE COMPLETED BY FUNERAL DIRECTOR

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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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BALTIMORE, MARYLAND 21215-0020

REGISTRAR				CE	RTIF	CA	ATE (	<b>OF</b>	DEA	TH			REG. NO	).				
1. DECEDENT'S NAME (First, Middle, Last)												ATE OF	DEATH		_	3. TIME OF	DEATH	_
Joseph		D.			WARI	NEI	R					IIV	20,	1993	YEAR	10:40	P.	M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE	(In yrs. las	t birthday)	IF L	NDER 1 YE	AR	# UNDER	R 24 HRS.	7. DA	TE OF	BIRTH	1,7,0	8. BIRTI	HPLACE (State		n
284-03-5768	3	1 🕅 M 2 🗌 F		81	YRS.	MON	THS DA	WS.	HOURS	MIN.	Sei	(Month, Dey, Year) Sept. 6, 1911 Ohio						
9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH												
14 Warrior	Brook	Court				Germantown Montgomery						erv						
RESIDENCE OF DECEDENT															- 0			
10a. STATE	10b. COUNTY	1000 0111,														10d. INSIDE		
Florida	St. Jo	ohns			Jac	ks	sonv	il.	Le							1 X YES	2 🗌 NO	
10e. STREET AND NUMBER								10f.	ZIP COD	E				10g. CIT	IZEN OF	WHAT COUNT	RY?	
4796 State I	Road 1	3 North						3	2259					U.S	.A.			
11. MARITAL STATUS	********	12. WAS DECEDEN				П							Specify Ye	s or No—	14. RAC	E — American k. White, etc.	Indian,	
1 Never Married 2 X		FORCES? 1	WIR DR D	ATES	Ю				2 NO	nn, Mexica Specifi		rto Rica	in, etc.)		Spec			
3 Widowed 4 Divo		WWII							Λ							Whi	te	
15. DEC (Specify only	EDENT'S EDU	CATION completed)		(G	CEDENT'S	vork o	tone durin			na		16b. KI	ND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	lifa.	Do NOT us	e reti	red.)			•								
12				Imm	igrat	10	on 0	ff:	icer		- 1	U.S	. De	pt.	of J	ustice		
17. FATHER'S NAME (First, M	liddle, Last)								18. MOT	HER'S NA	ME (Fir	st, Midd	ile, Maiden	Surname)				
George S. Wa	arner					Sarah Jane DeVine												
19a. INFORMANT'S NAME (7	ype/Print)			19Ł	. MAILING	ADD	RESS (St	reet a	nd Number	r or Rural i	Floute N	lumber,	City or Tox	vn, State, Zi	Code)		_	
Mary K. Warr	ner			4	796 5	sta	ite :	Roa	ad 1.	3 N.	<b>,</b> J	ack	sonv	ille	, FL	32259		
20a. METHOD OF DISPOSITI	ION				ND DATED			N (Na	me of		0	ATE	20c. LC	CATION -	City or To	own, State		
4 Donation 5 Other		OVIII From State	_ Cen	etery, crei etro	matory or of polit	Corother place) Litan Crematory 7/21 Alexandria, Virginia												
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE)				П				SS OF FA	CILITY							
<b>A</b>	3	10_				De Vol Funeral Home												
7.0	- 1-	)				$\perp$	10	Ε.	Dee	r Pa	rk	Dr.	, Ga	ithe	rsbu	rg, MD	208	37
23. PART I. Enter the di shock, or h	isceses, or c	complications that List only one ceu	it causei ise on e	d the de	ath. Do n	ot e	nter the	mo	de of dy	ing, suc	h as c	ardiac	or resp	dratory ar	rest,		ximate al Betw	
IMMEDIATE CAUSE (FIR		0.1.			F				^								and De	
disease or condition resulting in death)	≼ :	. Like	- (	M	11011	1	101	10	1(h	A.	00	101	He	Y-				
recentling in country	(3)	DUE TO	(OR AS A	CONSEC	WENCE OF	1	4.506	4.545			CVI		10-					
Commentally that are dis-		· Righ	J	M	en	D	ans.	ΔL	0 -	0	PP	101	dio	Å,		1		
Sequentially list conditi if any, leading to imme-		00010	(OR AS A	CONSEC	NEWCE OF	):		-			7		^		9.		-	
cause. Enter UNDERLYI CAUSE (Disease or Inju		a cutu	Mo	380	DIG	W	C	(1	SUX.	100	Ja	AC	uVa	1 0	1101	10 10		
that initiated events		DUE TO	(OR AS A	CONSEC	IUENCE OF	2.					4.00					and.		
resulting in death) LAS		Bal	(16)	MIZ	0	30	SPV	Oc	9x i	NIG								
	200			1					0							1		

PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i.

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 X NO

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							_	1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO			26. PLACE OF DEATH (Check only one)							
		HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA			OTHER: 4 □ Nursing Home 5 🔀 Residence 6 □ Other (Specify)					
	Pending Investigation	28	Month, Day, Year)	28b. TIN	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not be		28	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

296. SIGNATURE AND THE OF CERT

CAUSE OF OEATH (ITEM 27) (Type, Print)

19261 Montgomery Village Ave. #G-10, Gaithersburg, MD Abulfarag, M.D.

39

31. DATE FILED (Month, Day, Year)

JUL 2 3 1993

4 Homicide

132. ARCHSTHAR'S SIGNATURE DO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. If be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020	chis after death. Page 6 may be retained by the hospital or attending physician.	hed in by the funeral director, page 5 should be detached for use as the burial-transit p. for normonal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a size of may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complety hed in by the funeral director, page 5 should be detached for use as the burlat-transit pobe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			11		DATE OF DEATH		3. TIME OF DEATH
	MildREd	LaRUE		Wa	0	07-15	Turner 1	1015 A .
DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. less 211 - M 2 VF 62						BIRTHPLACE (State or Foreign Country)	
	90. FACILITY NAME (If not institution, give :  Kensing for Ci RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DEATH  KENSINGTON				9c. COUNTY OF DEATH MONTGOMERY	
EC	10a. STATE 10b. COUNT	Y	10c. CITY, Y	OWN OR LOCATI	ON			10d. INSIDE CITY
DIE	MARYLAND MO	NTGOMERY	GAIT	HERSBUR	RG			LIMITS?
MI	10e. STREET AHD NUMBER			101.	ZIP CODE		10g. CITIZEH OF	WHAT COUNTRY?
FUNERAL	346 NORTH SUMMI				2087	77	US.	A
BY FU	11. MARITAL STATUS  1 \( \begin{align*} \text{Never Married} & 2  \text{Married} \\ 3  \text{Widowed} & 4  \text{Divorced} \end{align*}	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF NISPANIC city Cuben, Mexican, I 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	Spec	
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION COMPONENT	16a. DECEDENT'S USU	JAL OCCUPATION	N A of warding	166, KIND OF BUSI		HITE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	tired.)	t or wonung			
MP	12		HOMEMAKE	R				
	17. FATHER'S NAME (First, Middle, Last)	IIADD				(First, Middle, Maiden S		
BE	MAURICE SPENCER  19a. INFORMANT'S NAME (Type/Print)	WARD	10h MAII INC ADI	DRESS (Completed	MILDREI	CLAC		
은	FRANCES W. RODEFF	FR				A, VIRGINI		0
	20a. METNOD OF DISPOSITION	20b.	PLACE AND DATE OF D	ISPOSITION (Nam	ne of	DATE 20c. LOC	ATION City or To	own. State
	1 🖄 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗀 Other (Specify)	DA	RNESTOWN	PRESBYT	ERIAN CH	7/17 DARN	NESTOWN,	MARYLAND
	21. SIGHATURE OF TUNERAL BERVICE LI	CENSEE 1/1/	./	22. NAME AN	ADDRESS OF FACIL			
	Male	Villell						, MD. 20901
	23. PART I. Enter the diseases, or	complications that caused	ths death. Do not					Approximats
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardia	con ina.	rofor	ane	r		Interval Between Onset and Death
		~		not.	1: -	render	n .	10
O	Sequentially list conditions,		CONSEQUENCE OF:	- Cara	10 -10	caeous	Been	- 10-gz
cause. Enter UNDERLYING						2000		
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR SEA	CONSEQUENCE OF:					1
H	resulting in death) LAST	a						
AL C	PART II. Other significant condition		it not reaulting in the	na underlying	cause given in Pa			o. WERE AUTOPSY FINDINGS
	- Dealors	melloties				PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	- muetal	Retordar	En i co	ngen	tol Deals			OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	- 2 md on	nemic		0	1	- 1		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	CE OF DEATH (Check	only one)		
IXS	1 TYES 2 THO	1 Inpatient 2 I ER/Outpe	tient 3 DOA 4	Hursing Home	5 Residence 6			
ВУ РН	27. MAHHER OF DEATH  1 X Heturel 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	20b. TIME OF	M 1 Y	ES 2 HO	8d. DEŞCRIBE NOW IH.	JURY OCCURED	
E	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stree (y)	t, factory, office	20	BI. LOCATION (Street an City or Town, State)	nd Number or Rural	Route Number,
COMPLET		ICIAN: To the best of my knowle						a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUMBE	R	29d. DATE SIGNED	(Month, Day, Year)
38 C	Stanh	11 Amus	20		0574	5	> 7/1	16/92
2	30. NAME AHD ADDRESS OF FERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	t)			1	100
	5 N JONES 9	118091	Viers M	"Il Rd	Rocks	ille, Me	1.20	8-51
	JUL 1 9 1993	32. REGISTRAR'S SIGNA Julia Davidson-V	fandell					



MD

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

U

Balt., MD

SA

14. RACE — American Indian, Black, White, atc.

9c. COUNTY OF DEATH

2. DATE OF DEATH

06

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

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7. DATE OF BIRTH (Month, Day, Year 16 -1 - M 2 F Soar) NAME (# 9b. CITY, TOWN OR LOCATION OF DEATH AUSTUNG LUTHERAN HOME FUNERAL DIRECTOR BACTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION HOWARD ELLICOTT CITY 10e. STREET AND NUMBER 10f. ZIP CODE 4114 Font Hill Drive 21042 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 YNO Specify: 1 Never Married 2 Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BY be detached for use as the 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Clerk Typist 17. FATHER'S NAME (First, Middle, Lasi) 18. MOTHER'S NAME (First, Middle, Maiden Surnam WAGNER THOMAS A. W. HIENAMAN notified at LOUISA BE page 5 should 19a. INFORMANT'S, NAME-75-19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Walter Geffert 4114 Font Hill Dr Ellicott City MD 21042 BALTIMORE, pe 20a. METHOD OF DISPOSITION 1 

↑ Burial 2 

☐ Cremation 3 

☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION - City or Town, State DATE must the funeral director, Baltimore Cemetery ☐ Donation 5 ☐ Other (Specify) 7-21-93 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harry H Witzke Funeral Home Inc Harry 4112 Columbia Pike Ellicott City MD 21043 medical 23. PART I. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line. filled in by t ŏ IMMEDIATE CAUSE (Fine) certificate has been signed by the attending physician and completely filler in the State Oept. of Health and Mental Hygiene prior to burial, cremation, 4, or Item 23 shows any Injury, or other traumatic event, the I disease pr condition CVA resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): ASCVD CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING certificate CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST the death PART ii, Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? I VES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) The **EXAMINER?** HOSPITAL: OTHER:
4 Delursing Homa 5 - Rasidence 8 - Other (Specify) 1 TYES 2 NO ATTENDING PHYSICIAN: 1 | Inpatiant 2 | ER/Outpatiant 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c is marked, 1 Natural 5 Pending DIRECTOR: After the hours after death vices is mark BY t 🗌 YES 2 🗌 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be determined 4 Homicide OB 29a. CERTIFIER

Chark only

CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 173757 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

0555

32. REGISTRAR'S SIGNATURE

Julie Tavidson-Rendale

JUL 2 0 9

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Ave

WAGNER

6. AGE (In yrs. lest birthday)

3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 NO

WHITE

Approximeta intervai Batween

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year) 7/19/93

80515

Onset and Death

a. BIRTHPLACE (State or Foreign

30 AMM

OHMH-18 Flav 1/89

1	-	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	STATE OF	MARYLAND / CE				IEALTH DEAT		MENT	AL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle	, Last)								TE OF DEATH		1.0	3. TIME OF DEATH	
	BERTHA I	MAE			Wo	1/+	ers	9	JU	NTH DA	19	993	5:30 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	DAYS	IF UNDER	24 HRS.		TE OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign	
	218-40-6316	1 🗆 M 2 💢 F	50	YRS.	- 15					28/43		Georgia		
œ	9e. FACILITY NAME (If not institution						OR LOCATIO	ON OF DE	ATH		111 7097	NTY OF D		
5	PENINSULA REGI	ONAL MEDICA	AL CENTER	3	SA	ALISI	BURY				W]	COMI	.CO	
DIRECTOR	C. 100	COUNTY			Y, TOWN		ION				10d. INSIDE CITY LIMITS?			
		icomico		Salisbury							1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER					10f	. ZIP CODE				10g. CIT	ZEN OF W	HAT COUNTRY?	
N.	Rt. #10, Box 198		n Road It ever in u.s. ari								USA			
	1 Never Married 2 X Merried	FORCES?	YES 2 N		- 1	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— II yes, specify Cuben, Maxicen, Puerto Rican, atc.)  1 □ YES 2 № NO Specify:  Specify:								
ВУ	3 Widowed 4 Divorced		WIT OIL DATE			I 🖂 TES	2 20 110	эреспу.				Speci Afric	an_American	
COMPLETED	15. DECEDENT (Specify only highes		(Gh	ve kind of a	USUAL O	CCUPATIO	N st of working	g	1	8b. KIND OF BUS				
J.	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us					Ι,	W.		1.1	0 0	
OM	12th grade 17. FATHER'S NAME (First, Middle, La	nst)	nous	sekee	eping		10 MOTH	ED'S NAM	_	t, Middle, Malden S		eaith	Care Center	
	Willie Coon									Brumse				
) BE	19e. INFORMANT'S NAME (Type/Prin	()	19b	. MAILING	ADORES	S (Street e				imber, City or Town		Code)		
2	James Walters		s	ame	as a	bove								
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3		20b. PLACEA	ND DATE	OF DISPOS	SITION (Na	ma of		1		ATION	City or To	wn, State	
	1 Source 2 Cremetor 3 Removal from State 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Jolley Memorial Chapel, Rt. #2, Box 920, J											yland		
	) of a	ICE LICENSEE	1.11		Jo	lley	Mem	orial	Ch	apel, R	t. #2	, Box	920, Jersey	
	- Mulle	$\alpha(C)$	ruey		Ro	ad,	Salist	oury,	Ma	aryland	2180	1		
		s, or complications in liure. List only one	it caused the dec	eth. Dor	not antar	the mo	da of dyi	ng, auch	88 C	ardiac or reapir	atory an	rest,	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition	CURTO	ISRA M		O F	A17	1						Onset and Death	
	resulting in death)	a. DUE TO	(OR AS A CONSEO	UENCE O	E) .					1			BHOLE	
z	250000000000000000000000000000000000000	SEU	15RES. 1)	All	SIL	281	a	ud	Co	rebral	KM	EMA	<b>2</b> !	
5	Sequentielly list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):	110		0011	40	1-				
FIC	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	c. SUE	ARACH.	NO1	4	HUM	UUF	444	#6	EF	aD.	M	96/tour	
CERTIFICATION	resulting in death) LAST	$C_{i}$	noba	1	A	NO	IRY	SM	1				į	
	PART ii Other significant con	ditions contributing to	dodhau		- 1		- (							
CAL	PART ii. Other significant con	contributing to	daath but not re	suiting	in tha ur	nderlying	cause g	iven in F	Part i.	24a. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
									_	1 TYES 2	-NO		DF DEATH?	
2													1 YES 2 NO	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEON EXAMINER?						ACE OF DE	ATH (Chec	ck only	one)				
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H	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF (Month, L		28b. TIM INJ	E OF URY		RK?	- 1	28d. D	ESCRIBE HOW IN	JURY OC	CURED		
B	2 Accident Investig	ation	NE IN ILIEN		-M	_	'ES 2 🗌	-						
	3 Suicide 8 Could n 4 Homicide determin	Duliding.	of INJURY — Al honetc. (Specify)	ne, tarm, t	Rreet, Jeci	ory, office	•		281. LC	CATION (Street entry or Town, State)	nd Number	or Rural A	oute Number,	
COMPLET	290, CERTIFIER	BHYDICIAN, To the head of												
M M		PHYSICIAN: To the best of AMINER: On the basis of a											and manner as stated	
	29b. SIGNATURE AND TITLE OF CEI							NSE NUME		1			(Month, Day, Year)	
m d () A MA									DATE OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERS	7/1	3/93			
٩	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAU	SE OF DEATH (ITEM	27) (Type,	Print)							11.	4.0	
	JULIUS	TAN!	508	7.	DI	1151	02	St	_	SAUK	BUN	7.1	40 Z1801	
7	JUL 9 1. 199	3 Julia No.	idson-Randa								7			
1	OOL / J. 100.	Jumphin	I MODI A-NORTH	~~~										

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

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AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit permi		must be notified at once.
tificate be executed within 24 hours after death. Pag	physician and completel	ene prior to bunial, cremation, or removal.	r Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SICI	is certificate has been signed by the attent	ir death with the State Dept. of Health and Mental Hygi	is marked, or item 23 shows any injury, or o
TO THE HOSPITAL DR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After thi	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or

											9	3	55130	•
	FOR 1 - STATE	STATE OF N	IARYLAND /	DEPAR	RTMEN	T OF H	EALTH	AND I	MENTAL		E			
	REGISTRAR		U	ERTIF	ICAT	E OF	DEAL	TH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Ralph Al	lexander	. We	bste	r			2. DATE (			93	3. TIME OF DEATH 0350	м
	4. SOCIAL SECURITY NUMBER	5. SEX						24 HRS.	7. DATE C				IPLACE (State or Foreign	-
	204-01-6098	1)X M 2 🗆 F	1 X M 2 □ F 81 YRS.				HOURS	MIN.	(Month,	Day, Year)	10	Countr	γ)	
	9e. FACILITY NAME (If not institution, give st				ah CITI	V TOWAL	OR LOCATIO	201 05 05		8, 19		Mar INTY OF D	yland	_
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DIRECTOR	Union Hospital o	1 Cecil (	Jounty		EI	KLOII					Le	cil		
E C	10s. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	_
H	Maryland Cec	il		C	hesa	peak	e Ci	tv					LIMITS?	
٦	10e. STREET AND NUMBER										10a CIT	TZEN OF W	WHAT COUNTRY?	_
R	212 Charles Stre	""	2191				_	S.A.	MAI COUNTRY?					
FUNERAL	11. MARITAL STATUS		THE WILL AS		1 40									
	1 Never Married 2 Married		YES 2 X	NO NO		If yes, sp	ecify Cuba	n, Mexicar	n, Puerto R	(Specify Yealcan, etc.)	or No-		— American Indian, c, White, etc.	
3 ☐ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 🕅 NO Specify: Specify: Black										"Black				
	15. DECEDENT'S EDUC	CATION	16a DE	ECEDENT'S	LICUAL O	CCUPATIO	N.		405	VIIID 00 0110				_
E I	(Specify only highest grade	completed)	(G	hve kind of a	work done	during mo	st of workin	g	190.	KIND OF BUS	INESS/IN	DUSTRY		
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)			LIUCK		VCI						LION		
	John Amos	Webster					18. MOTH	IER'S NAI	, ,	iddle, Maiden				
BE		Webster								ly Har				
2	19e. INFORMANT'S NAME (Type/Print)		19							er, City or Town			MD 21915	
	Evelyn I. Gassaw			212	Unar	ies	Stre	et -	Unes	sapeak	e U1	.ty,	MD 21915	
	2ta, METHOD OF DISPOSITION  1 \( \text{Description} \) Burlel 2 \( \text{Cremation} \) 3 \( \text{Remote Remote } \)  4 \( \text{Donation} \) 5 \( \text{Other (Specify)} \)	oval from State	20b. PLACE	emelory or o	ther place!			_	7 - 22	+		City or To		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 1	Bohem	la Ma					199				City, MD	
	•	0 1.			22.	Hick 103	s Ho West	me f	or Fu	ineral	s, P	.A.		
	22 PART I Enter the diseases Page	<u> </u>	cha			Elkt	on.	MD	2192	1-5521				_
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not anter the mods of dying, such as cardiec or respiretory arrest, ehock, or haert feliure. List only one cause on each lins.  Approximate interval Between													
	IMMEDIATE CAUSE (Finel													
	disease or condition resulting in death)													
- 1		DUE TO	OR AS A CONSE	OUENCE O	F):					_				
Z	ea la dave													
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE O	F):									
2	CAUSE (Disease or injury	Re	mel -	= suf	ane	Q								
E	that initiated events	DUE TO	OR AS A CONSE	OUENCE O	F):	1								
H	resulting in death) LAST	d												
O	PART II. Other significant conditions	e enstribution to	do oth but and		1- 45				T					
MEDICAL	TACE II. CONST SIGNATURE CONTRIBUTE	e contributing to	deeth but hot i	resulting	in the u	naeriying	cause g	iven in i	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	3
ă									_	1   YES 2	NO		COMPLETION OF CAUSE OF DEATH?	
¥									_		^	- 1	1   YE\$ 2   NO	
												- 1		-1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	EATH (Che	ck only one	)				╛
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE		a 5 □ Re	eldence	8 Other	(Specify)				
¥∥	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ				CRIBE HOW I	JURY OC	CURED		$\dashv$
	1 Pending	(Month, Da	ly, Year)	INJ	URY M		PK? ES 2	ND		1110-7-1000				
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE Of	INJURY — At ho	ome, term.	street, fec				281 LOCA	TION (Street e	ad Numbe	or Pumi D	Proute Number	$\dashv$
	4 Homicide 6 Could not be	building,	etc. (Specify)			tory, orner			City o	r Town, State)	nu rvumuo	r or norer n	oute Number,	- 1
	29e. CERTIFIER													4
릴	(Check only	CIAN: To the best of												-
COMPLET	2 MEDICAL EXAMINER	1: On the beele of ex	amination and/or	Investigation	n, In my	opinion, d	eath occur	ed at the	time, date a	and place, en	due to ti	he ceuse(e	) end manner ee stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	ı					29c. LICE	NSE NUM	IBER		29d. DAT	E SIGNED	(Month, Day, Year)	٦
00	Jun zut	wen	Mn				20	482	-3			- 4	193	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	E OF DEATH	M on o	D-(-4)		,,,,,,					4	バイン	_

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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to the floor the of the first of the following the death of the death of the floor and death. Fage of floor be fleathed by the floor	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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2	5	be they within 12 hours after beautiful the state bept, of health and mental hygiene pitch to burial, cremature, of fermoval.	¥	

REGISTRAR		CERTIF	ICATE (	F DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH		
George	H	Γ.	lagner	•	MONT 7	TH DV	AY	93	1:00 P	М	
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday)	IF UNDER 1 YE		7. DATE	OF BIRTH			PLACE (State or Foreign		
139-18-4118	1 📉 M 2 🗆 F	67 YRS.	MONTHS DA	2027		-29-19		New	Jersey		
9a. FACILITY NAME (If not institution, give in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Maryland in Maryland in Maryland in Maryland in Memorial Hosp in Maryland in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in Memorial Hosp in M		Easton	1.0	WN OR LOCATION OF D	DEATH		111000	NTY OF DE	EATH		
10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR L	OCATION					10d, INSIDE CITY		
Maryland Ta	lbot				Eas	ton			LIMITS?		
28272 St. M	ichaels 1	Road		101. ZIP CODE 21.60	1			IZEN OF W	HAT COUNTRY?		
10e. STREET AND NUMBER  28272 St. M:  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 M Divorced	12. WAS DECEDENT FORCES? 1 [] IF YES, GIVE WAF Navy	EYER IN U.S. ARMED YES 2 NO R OR DATES	If yes	DECENDENT OF HISPA I, specify Cuban, Maxic YES 2 XNO Spec	en, Puerto	N? (Specify Yes Rican, atc.)	or No-	14. RACE Black Specif	- American Indian, White, alc.		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Last)	CATION	16a. DECEDENT'S	USUAL OCCUI	PATION g most of working	166	. KIND OF BUS	SINESS/INC	DUSTRY	MILLE		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)			. m - 1	1				
17. FATHER'S NAME (First, Middle, Last)	- 0	Educa	CTOHA.	l Consul	Cant AME (First,	Tal Middle, Malden	Surname)	Cou	nty Sch	00	
Harold Bearmon	ce Wagner			Jea	nett	e W.	Oti	s			
19a. INFORMANT'S NAME (Type/Print)  Kenneth G. Smi	ith			geon Pl.					e MD		
20s METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Rem	oval from State	20h PLACE AND DATE	DE DISPOSITIO	I (Name of	OAT	E 200 LO	CATION	City or Toy	un Ctetto	_	
4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LII		Md. Vete	ran Co	emetery  E AND ADDRESS OF F	7-	7 Be	ulal	n, M	D		
			Mor	Ton come There		Home	, P.	.A.			
23. PART I. Enter the diseases, or	MERCER	W CFST	200	) S. Har	riso	n St.	, Ea	asto	n, MD		
shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Tenal failure (CRF)  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions											
if any, leading to immediata cause. Enter UNDERLYING											
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	oue to (or	R AS A CONSEQUENCE OF	A CONSEQUENCE OF):								
			n the under	ying ceuea given in	Part i.	24s. WAS AN			WERE AUTOPSY FINDIN	IGS	
PART II. Other significant condition  Ahemia	· dep	ression			_	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	E	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 22 NO  27. MANNER OF DEATH			21	. PLACE OF DEATH (C	book oak oa	201					
EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	fome 5 Residence			_			_	
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,		E OF 28c.	INJURY AT WORK?	Y	CRIBE HOW IN	NJURY OCC	CURED			
2 Accident Investigation 3 Suicide 8 Could not be datarmined	26e. PLACE OF II building, etc	NJURY — Al home, farm, s (Specify)	JURY — At home, farm, street, factory, office				nd Number	or Rural Ro	oute Number,		
		knowledge, death occurre							and manner as stated	1.	
296. SIGNATURE AND TATUE OF CERTIFIES	- mo	*		29c. LICENSE NU	WBER 68		29d, DATE	SIGNEO	Month, Day, Year)	_	
30. NAME AND ADDRESS OF PERSON WH	COMPLETEO CAUSE	OF OEATH (ITEM 27) (Type,		60 PE	תית	on	MD	2	1629		
JUL 0 7 1993	32. REGISTRAR'S										

		Pag.
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit perm
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of t

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1: The law	cate has t	state Dept	Item 23
PHYSICIA	this certifi	with the	ked, or
ENDING I	DR: After	ter death	8 is mar
IL OR ATT	L DIRECT	be filed writing 72 hours after death with the State Dept. or Health and Mental Hyglene prior to burial, cremation, or removal.	I Item 2
HOSPITA	FUNERA	WITHIN C	TTANT: H
TO THE	THE THE	De nied	IMPOF

	1 - STATE REGUERAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND	MENTA	L HYGIEN		<i>C</i> , <i>C</i> ,	176			
	SOOR SECURITY NUMBER	1	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	¥ 9	P3	TIME OF DEATH	AM		
	213-16-2849  9e. FACILITY NAME (If not institution, give s		5 YRS.	9b. CITY, TOWN (	OR LOCATION OF D		. 18,		Mary.				
TOR	Presidential Wood	ls Nursing Ho	ome	Adelp	hi			Prince Georges					
FUNERAL DIRECTOR	100. STATE 10b. COUNT  Maryland Prince	e Georges		elphi		-		10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 P			10		
Toe. STREET AND NUMBER  106. STREET AND NUMBER  107. ZIP CODE 109. CITIZ  1801 Metzerott Road 20783 U										S.A.			
B≺	11. MARITAL STATUS  1 Never Married 2 \( \times\) Merried  1 Never Married 2 \( \times\) Merried  3 \( \times\) Widowed 4 \( \times\) Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \( \times\) YES 2 \( \times\) NO IF YES, GIVE WAR OR DATES  W								se or No- 14. RACE — American Indian, Black, White, etc. Specify:				
TED													
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)  12												
	17. FATHER'S NAME (First, Middle, Last)  Paul Wakeman  18. MOTHER'S NAME (First, Middle, Meiden Surneme)  Sally Wakeman												
BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	Elizabeth Wakeman 2414 57th Ave. Landover, MD 20785												
20s. METHOD OF DISPOSITION  1   Burlal 2   Cremetion 3   Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of 7/9   Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — Cit													
	Columbia Mortuary Services, Inc. 225 Missouri Ave. N.W. Wash. D.C. 20011												
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  a. Cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final cardlar and yellow the final yellow the final cardlar and yellow the final cardlar and yellow												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF		denas	inl	in 10	ma	ne				
- 11		d							-				
PHYSICIAN: MEDICAL	PART ii. Other significant condition	s contributing to deeth b	out not resulting in	the underlying	ceuse given in	Part i.	24a. WAS AN PERFOR 1 YES 2		AWAI COM OF 0	LABLE PRIOR TO IPLETION OF CALDEATH?  YES 2 , NO	USE		
IAN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF OEATH (C)	hack only on	D)						
YSIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER: Nursing Home	5 🗆 Residence	S 🗆 Other	(Specify)			*4			
	27. MANNER OF OEATH  1 Natural S Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	JRY AT RK? ES 2 NO	28d. OE\$	CRIBE HOW I	JURY OCCL	IREO	A			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, st			281. LOCA City o	ATION (Street e or Town, State)	nd Number o	r Rural Route	Number,			
COMPLETED		CIAN: To the best of my know								manner ee stat	led.		
H H	296. SIGNATUSE AND TITLE OF CENTIFIER		0		29c. UCENSE NU				SIGNED (Mon				
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	47036	)veen	U brang.	Rd	H44	eth	11/1	M			
	JUL 1 2 1993	22. ASSISTRAR'S SICH	andell.						6	1011			

7:11

	1 - FOR STATE OF I	MARYLAND / [ CEI	DEPARTMEN RTIFICAT	TE OF	EALTH AND M DEATH	MENTAL HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last)  Omer /ohn	Wime	_			2. DATE OF DEATH	AY 9.2 YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. lesi t		ER 1 YEAR		D-11	10	110 5 1V M			
	236-36-1634 1XXM 2 □ F	67	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	March 14.	1926 Was	other or Foreign Unity Cherry Grove St Virginia			
	9e. FACILITY NAME (If not institution, give street and number)		9b. Cf	TY, TOWN O	R LOCATION OF DEA		9c. COUNTY OF				
DIRECTOR	Malcolm Grow USAF Medical	Center	Ca	mp Sp	rings		Prince	George's			
3EC	10a. STATE 10b. COUNTY Prince George	10	10c. CITY, TOWN	OR LOCATI	ON			10d, INSIDE CITY			
	Maryland		Forest	ville				LIMITS?			
¥.	10e. STREET AND NUMBER			101,	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
FUNERAL	1905 Overton Drive						United	States			
J.		YES 2 NO		3. WAS DECE	NDENT OF HISPANIC	C ORIGIN? (Specify Yes	s or No— 14. R/	ACE — American Indian, ack, White, atc.			
B≺	3 Widowed A Diversed	MAR OR DATES			2XXNO Specify:	, , , , , , , , , , , , , , , , , , , ,	Sp	ecity:			
	15. DECEDENT'S EDUCATION	(USAF)	DENT'S USUAL	OCCUPATIO	N	465 VINO OF BU	SINESS/INOUSTRY	nite			
	(Specify only highest grade completed)	(Give	kind of work don o NOT use retired.	e durina mos							
7	Elementary/Secondary (0-12) College (1-4 or 5+)  Coca Cola Company)  Salesman  Beverage Company										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden					
	Fred Wimer				Bertie						
) BE	19e. INFORMANT'S NAME (Type/Print)	19b. I	MAILING ADDRE	SS (Street en	od Number or Rural Ro	oute Number, City or Tow	m, State, Zip Code)				
2	Viva Georgia Lambert Wime						e. MD 2	20747			
	20g. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Removal from State	20b. PLACE AN	D DATE OF DISPO	OSITION (Ner		-DATE 29c. LOCATION — City or Town, State					
	4 Donation 5 Other (Specify)	North	Fork Ce	meter	У		erton, V	Vest Virginia			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE #M00	690	22	Rasao	ADDRESS OF FACE	UTY 21 Home					
	* Lourned D Con	DEL A					Wort 1	/irginia 2680			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	(OR AS A CONSEQU	ENCE OF):	plen	Tue car	ulDva	ealed	Interval Batween Onset and Death			
CERTIF	that initiated events resulting in death) LAST	(OR AS A CONSEQU	ENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to	daath but not rea	uiting in the u	underlying	cause given in P	Part I. 24a. WAS AN PERFOR	RMEO?	Ab. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
A	25. WAS CASE REPERRED TO MEDICAL			28. PL/	ACE OF OEATH (Chec	ck only one)					
SIC	EXAMINER?  1 PS 2 NO 1 Inpatient 2 X	ER/Outpatient 3	DOA 4 N	R:	5 🗆 Rasidenca S						
	27. MANNER OF DEATH 28e. OATE OF (Month, D	INJURY	28b. TIME OF INJURY	28c. INJU WOR	RY AT	26d. DESCRIBE HOW I	NJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE 0 building,	F INJURY — At home atc. (Specify)	o, term, street, fe		- 10	28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of examiner: On the best of examiner:							a(a) and marrier se stated			
H	296. SIGNATURE AND TITLE OF CERTIFIER	ue/M/	2		29 LICENSE NUME			EO (Month, Day, Year)			
2	30. NAME AND ADDRESS OF BERSON WHO COMPLETED DAILS	SE OF DEATH (ITEM 2	(Type, Print)	alen.	burn N	A Na	En. M	1/207/18			
	31. DATE FILED (Month, Day, Year) 32. NEGISTRA	R'S SIGNATURE	100	101		7 1	170 77-	170			

32. ARGISTRAR'S SIGNATURE Landace

10 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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JUL



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 Trouts after death. Page 6 may be retained by the law requires that the death of the attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last) Alphonza Wilder 2. Date of Death Month July 13, 1993 3. Time of Death July 13, 1993											
				Wilder					July 13	3, 1	9'9'3	м
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	247-86-58		1 M 2 □ F	46	YRS.				June 27		Chai	rleston,SC
œ	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  Prince Ge											
DIRECTOR	FT. Washi	NGTO	1, Ambula	atory (	Stn.	Ft. W	ashing	jtoi	n	Pri	nce	George
REC	10a. STATE	10b. COUNT	Υ		10c, CIT	TY, TOWN OR LOC	ATION					10d. INSIDE CITY
	Maryland				Ft	. Wash	ington	1			LIMITS?	
₹AL	10e. STREET AND NUMBER					1	10f. ZIP CODE			ZEN OF W	WHAT COUNTRY?	
FUNERAL	13001 Ven	ango					207				nce	George
3	11. MARITAL STATUS 1 Never Married 2 🔯	Married	FORCES? 1	NT EVER IN U.S. AR	NO	13. WAS DE	ECENDENT OF NIS	SPANIC exicen, I	ORIGIN? (Specify Yes Puerto Rican, etc.)			E — American Indien, k, White, atc.
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(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  (Give kind of work done during most of working life. Do NOT use refired.)												
COMPLETED			4 yrs	. 1	Ele	ctrica	l Engi	nee	er Dept	of i	Navy	7
00	17. FATNER'S NAME (First, Mid						16. MOTNER'S	S NAME	E (First, Middle, Meiden S	Sumame)		
BE	Eugene W		-						e Walker			
2	19a. INFORMANT'S NAME (7)		111						ite Number, City or Town			
	Juanita							. F	Ft. Wash			
	20a, METNOD OF DISPOSITION 1 M Burlet 2 Cremetion 4 Departure 5 Other	n 3 🗆 Rem	ioval from Stata	cemetery, cre	amatory or o	OF DISPOSITION (I	Vame of	Cox	OATE 20c. LOC	ATION — C	City or Tov	wn, State
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		eert failure.	complications that List only one cau	It caused tha de use on each line	eath. Do r	not enter tha m	oda of dylng,	such a	is cardiec or respir	ratory arre	est,	Approximaty Interval Batween
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	disease or condition resulting in death)  Cardiac Arrest  DUE TO (OR AS A CONSEQUENCE OF):											
,	Coronary Antony Disco-											5 476
CERTIFICATION												5 yrs
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F	that initiated events resulting in death) LAST		OUE TO	(OR AS A CONSEC	QUENCE OF	F):			-	/		
HH	resulting in death, Lac.		d									
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MEDICAL									PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC												OF DEATN?
-									no.			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTMER.											
PHYSICIAN:	1 YES 2 NO		1   Inpatient 2	☐ ER/Outpetlant 3	□ DOA	OTHER: 4 Nursing No	me 5 🗆 Residen	nce 8	Other (Specify)			
	27. MANNER OF OEATH  1 Natural 5 P	Pending	28a. DATE OF (Month, De	tNJURY Jay, Year)	28b. TIMI INJ		JURY AT	28	8d. DESCRIBE HOW IN	JURY OCC	URED	
B	2 Accident	rending investigation	22 81 405 4				YES 2 NO	$\rightarrow$				
		Could not be determined	28e, PLACE Of building,	OF INJURY — At hor atc. (Specify)	me, farm, a	street, factory, offi	CO	28	81. LOCATION (Street an City or Town, State)	nd Number o	or Rural Ac	oute Number,
LETEI	29a. CERTIFIER											
COMPL	(Check only 1 CERTI	FYING PHYSIC	CIAN: To the best of	my knowledge, der	ath occurre	ed at the time, dat	a and place, and	due to t	the cause(s) and mann	ter as state	ıd.	
	29b. SIGNATURE AND TITLE (			Ammination entarce a	nvestigation	n, in my opinion,						and manner ee stated.
8	29b, SIGNAYURE AND TITLE	1 /	inless	MO			29c. LICENSE	NUMBER	R	29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAU	SF OF DEATH (ITE	M 27) (None	Drint)				1	L	173
	Jerry W.						te. Fa	11:	s Church	17:	2	
	31. DATE FILED (Month, Day, Ye	bar)	32. REGISTRA	R'S SIGNATURE			00,		5 01141 01.	.,	A .	
	JUL 1 (	6 1993	- Andia	Davidson-	Hander	22						

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Page moval.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CE	.RIII	ICATE	OF	DEAT	H	REG. NO			
	1. DECEDENT'S NAME (First, Middle, L.	ast)							2. DATE OF DEATH			3. TIME OF DEATH
	Mary Helena W	HALEN							July 13.	1993	YEAR	1:50 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6, BIRTH	IPLACE (State or Foreign
	215-26-0370	1 □ M 2 🙀 F	63	YRS.	MONTHS	DAYS	HOURS	Min.	Mar. 5.	1930	Co.	"St. Mary's Maryland
~	9a. FACILITY NAME (If not institution, g	live street and number)			9b. CITY,	TOWN OR	LOCATIO	ON OF DEA			INTY OF D	
5	Dactors Commu	nitu Hospi	tal		Lanh	am				Prin	co G	eorge's
	10a. STATE 10b. COL			inc. CIT	Y, TOWN OF		ON			11 12 14.		
DIRECTOR		rince Geo:	me's	IV III	Lando							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	111100 0001	1900		ЦСПАС		ZIP CODE			I 100 CIT	TITEN OF W	1 X YES 2 NO
FUNERAL	6709 El Paso S	treet						785		111	ited	
N D	11. MARITAL STATUS	12 WAS DECEDE	ENT EVER IN U.S. ARM	#ED	13. W	AS DECE			C ORIGIN? (Specify Yes		14. RACE	- American Indian
ВХ	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES?	1 TYES 2 TO NO.	o	lf.	yes, spec	cify Cuba	Specify:	, Puarto Rican, etc.)	07.110	Speci	t, White, atc.
COMPLETED	15. DECEDENT'S (Specify only highest g	EDUCATION	16a. DEC	EOENT'S	USUAL OCC	CUPATION	V		16b. KIND OF BUS	SINESS/INI		D200-
ш	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT us	work done du se retired.)	uring most	t of worken	g				
MP	10th Grade			Disa	bled					. T. V.		
8	17. FATHER'S NAME (First, Middle, Lest)	)					18. MOTH	IER'S NAM	E (First, Middle, Maiden	Surname)		
BE	Peter James B	eal					Maı	1 -	Sanes			
6	19a. INFORMANT'S NAME (Type/Print)								oute Number, City or Tow			20705
	Mary Watkins			-		_		et,	Landover,			
	20a. METHOD OF DISPOSITION  1 Name Burling 2 Cremation 3 F	Ramoval from State	20b. PLACE AN cematery, crem Harmon					0			City or To	
	4 ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	FLICENSEE	_   Hambi	17 M				S OF FACI		Land	over,	, Maryland
	DIT	04-	1 -	-					L HOME			
$\dashv$	John /	Slewar	111		40	01 B	enn i	na R	oad N E	Wa	shine	nton D.C.
	23 PART i. Enter the diseases, shock, or heart fellu	or complications there. List only one car	et caused the deeruse on eech line.	th. Do r	not enter t	he mode	e of dyl	ng, such	es cerdiac or reapi	retory ar	rest,	Approximata interval Between
1	IMMEDIATE CAUSE (Final							4				
	disease or condition .	/3 n	/			0		1	0-	1		Onset and Death
	disease or condition resulting in death)	a. Ce	rebrov	us	eu	lu	V	a	enden	t		Onset and Death
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT OF I	IEALTH AN	D MENTAL	HYGIENE REG. NO.	3 22130
	1. DECEDENT'S NAME (First, Middle, Last)  Charles Frank	lin William		0,112 0,1	DEAITI	2. DATE OF		year 9:30 a
		DH2DE	rs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	S. 7. DATE OF (Month, I	BIRTH Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	221-03-7543  9a. FACILITY NAME (If not institution, give stree	A   OU		9b. CITY, TOWN	AB LOCATION OF		04-1906	Delaware
DIRECTOR	Nursing & Rehabi				bridge			orchester
Ä	10e, STATE 10b, COUNTY		10c. CITY	TOWN OR LOCA	ION			10d. INSIDE CITY
RAL DI	Maryland Do	orchester		Cambr	idge		10-017	LIMITS?  1 VES 2 NO  IZEN OF WHAT COUNTRY?
l w	2211 Hudson Roa				216			U.S.A.
BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.: FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	THO	If yes, sp	ENDENT OF HIS ecify Cuben, Mea 2 ZANO Spo	kican, Puerto Ric	Specify Yea or No— an, etc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White/Cauc.
8	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION 18	DECEDENT'S L	USUAL OCCUPATION	)N	16b. K	IND OF BUSINESS/IND	
once.		College (1-4 or 5+)	me. Do NOT use	ork done during mo retired.) lechani			Transpo	ortation
000	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Mid	die, Maiden Surname)	
TO BE COM	William Clarence		on				Salmons	3
TO E	19a. INFORMANT'S NAME (Type/Print) ( Da	aughter)					City or Town, State, Zip	
De u	Mrs. Faith Propp		1314	Tanner	Ave.	, Burl	ington,	N.J. 08016
examiner must	20e. METHOD OF OISPOSITION  1 XBuriel 2 Cremation 3 Ramova  4 Donation 5 Other (Specify)	of from State 20b. PL/	crematory or oth	FDISPOSITION (Na ler place) OWS Cel	<sub>me of</sub> neterv	7-2°	20c. LOCATION —	city or Town, Stata
liner	21. SIGNATORS OF FUNERAL SERVICE LYCEN			22. NAME AN	D ADDRESS OF	FACILITY		ngcon, noo
ехаш	"Fatellood Assa	on Brown	111000			neral		WD 01616
medical	23. FART I Enter the diseases, or com-	nplications thet ceused the	e death. Do no	t enter the mo	High a	uch as cerdia	ambridge	est, Approximate
9	shock, or heert failure. List IMMEDIATE CAUSE (Finel	t only one ceuse on eech	line.					Interval Betwee
t, the	disease or condition resulting in death)	AS	3001	)				Say yas
even		DUE TO (OR AS A CO	NSEQUENCE OF)	:				-70 125.
injury, or other traumatic event,	Sequentially liet conditions, b	DUE TO (OR AS A CO	NOTON THOS OF					
ry, or other traumatic	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE OF)	•				
FIC	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CO	NSEQUENCE OF)	:				
PT OF	resulting in death) LAST							j
Ş 5	DADT II Other significant our distance	- 44 - 4						
	PART II. Other significant conditions c	AGE C	ot resulting in	the underlying	cause given	in Part I. 24	a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
shows any in MEDICA	- END 31	MAE	- OP 9.			1	TYES 2 TONO	COMPLETION OF CAUSE OF DEATH?
2 ≥								1 TES 2 NO
	25. WAS CASE REFERRED TO MEDICAL							
r Item 2	EXAMINER? H	OSPITAL:		OTHER:	ACE OF DEATH (			
0 >	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. INJU			pecify) IBE HOW INJURY OCC	NIDED.
	1 Accident 5 Pending	(Month, Day, Year)	INJU	RY WO	ES 2 NO	ANG. DESCR	IBE NOW MIJORY OCC	UNED
Is mar	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJURY — A	it home, farm, str			28f. LOCATIO	ON (Street and Number	or Rural Route Number
四 四	4 Homicida determined	building, atc. (Specify)				Clfy or 1	own, State)	
PLE R	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge	, dasth occurred	at the time, data	and place, and d	us to the cause/	a) and manner as elete	4
COMPL	one) 2 MEDICAL EXAMINER: 0	On the basis of examination and	l/or investigation,	in my opinion, de	ath occured at ti	he time, deta an	d place, and due to the	s cause(s) and manner as stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER		-		29c. LICENSE N			SIGNED (Month, Day, Year)
TO BE COMPLE		nen			D151		▶ 7	/20/02
-12		C. I when the same			4/2/	4		26170
-	30, NAME AND ADDRESS OF PERSON WHO CO							
	Dr. Mahmood Shar	iff, 105 A	urora	St., C		dge, M	D. 21613	3
			urora	St., C		dge, M	D. 21613	3

DHMH-16 Rev 1/89

1	. STATE REGISTR
1	1. DECEDENT'S
L	Viro
П	4. SOCIAL SECT

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE O	F DEATH	RE	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Vircinia T. Wil	nterson				2. DATE OF DI MONTH 7-19-1	DAY	YEAR	. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-40-1589	5. SEX 8. A 1  M 2 XF	GE (In yrs. last birthday) 77 YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BI (Month, Day, 4-22-1	916	Maryl	
90. FACILITY NAME (If not institution, give s  8A Queen Victoria  RESIDENCE OF DECEDENT			9b. CITY, TOW	Chester	EATH		en Ann	
100. STATE 10b. COUNTY	n Annes	10c. CIT	ry, town on Lo Chest					Od. INSIDE CITY LIMITS?  YES 2 X NO
100. STREET AND NUMBER 8A Queen Victoria	Way			10f. ZIP CODE 2161	9		J.S.A.	AT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 X Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIYE WAR O	ES 2 NO	If yes,	Specify Cuben, Mexico (ES 2 XNO Specific	an, Puerto Rican,		Specify:	- American Indian, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 12+	CATION completed)  College (1-4 or 5+)		work done during se retired.)	most of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)			TO THE THE T		ME (First, Middle	, Maiden Sumame)		
George S. Thornton	1	19h MAII ING	3 AOORESS (Stre	France of Number or Rural	ances H		in Code)	
Kathleen Pryor				Plantation				e, MD
20e. METHOD OF DISPOSITION  1	oval from State	20b. PLACE AND OAT of cemetary, cremator	E OF OISPOSITI	ON (Name	OATE	20c. LOCATION -	City or Town	
21 SHORATURE OF FUNERAL SERVICELLA	Kassa	NOT.	Barr	and appress of FA anco & So: Ritchie H	ns Seve	rna Parl	k Fune	ral Home
ehock, or heert fellure IMMEDIATE CAUSE (Final disease or condition esuiting in deeth)	e			. v. S				Interval Betwee
Sequentielly liet conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	с	AS A CONSEQUENCE C						
PART II. Other significent condition	d. es contributing to dea	th but not resulting	In the underl	ying ceuse given in		. WAS AN AUTOPSY PERFORMED? YES 2 NO	0	VERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outputlent A - DC:	OTHER:	PLACE OF DEATH (C				
27. MANNER OF DEATH	1 Inpatient 2 ER/			injury at		ecify) BE HOW INJURY O	CCURED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear) IN	M 1	WORK?  YES 2 NO				
3 Suicide 8 Could not be 4 Homicide determined	building, atc.	IURY At home, farm, (Specify)	street, fectory, c	iffica	City or To	N (Street and Numb wn, State)	er or Rural Ro	ute Number,
one)	ICIAN: To the beat of my I ER: On the besie of examin							end manner es stated.
29b. SIGNATURE AND TITLE OF CENTIFIE	Smith	e.h.	M	D / Z	S45	29d. Da	TE SIGNED (	Month, Day, Year)
JOHN B	5 mith	OEATH (WEN 27) (Typ	(ent	reville	V	nd	21	617
31. DATE FILED (Month, Day, Year) 100:	REGISTMAN'S	SIGNATURE note BO			-			1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.  IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE 93 2	2798
		2. DATE OF DEATH DAY YEAR	3. TIME OF DEAT
a	Womble	07 17 1993	12:52

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / [	DEPARTMENT OF H		ENTAL HYGIEN		22198
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Sarah Norma	Womble			07 17	1993	12:52 A M
		5. SEX 8. AGE (In yrs. lest t			7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
3	242-52-4709 1 9a. FACILITY NAME (If not institution, give stree	ot and number)	YRS. MONTHS DAYS	OR LOCATION OF DEA	10/21/1		V.Caroline
DIRECTOR	Villa Rosa Nurs	,		nellvill		P.Geo	73.55
EC	10a. STATE 10b. COUNTY	_	10c. CITY, TOWN OR LOCA	TION			10d. INSIDE CITY
	MD	PG-	Mitz	hell ill	ع	Laciania	LIMITS? 1 VES 2 NO
FUNERAL	VICCA R	OSA Home		207	16	10g. CITIZEN	SA
BY FUN	11. MARITAL STATUS  1	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp	CENDENT OF HISPANIC ecify Cuben, Maxican, 2 MNO Specify:	C ORIGIN? (Specify Yee Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade co	mpleted) (take	EDENT'S USUAL OCCUPATI to kind of work done during many more and the second second second second second second second second second second second second second second second second second second second second second sec	ON post of working	16b. KIND OF BU	SINESS/INDUST	RY
S	17. FATHER'S NAME (First, Middle, Last)	LOR MORGAI	V	18. MOTHER'S NAM	E (First, Middle, Maiden	Sumame)	VERMAN
TO BE	19e. INFORMANT'S NAME (Type/Print)	IN CING-E2 19b.	MAILING ADDRESS (Street	and Number or Rural Ro	0/ 4	0/1	nah > 1116
	20s. METHOD OF DISPOSITION 1 Burlel 2 Micremetion 3 Remove		IND DATE OF DISPOSITION or other place)	(Name	DATE 20c. LO	CATION - City	or Town, State
	4 Donation 5 Other (Specify)	metr	occurate	Y 7-1	7-93 C	TINSUL	le mo
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	22. NAME A	ND ADDRESS OF FACI	Scevel	na F	K. m021146
		mplications that coused the deast only one couse on each line.		ode of dying, such	as cardiec or reap	iratory arrest	Approximate Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	Mose					-
		DUE TO (OR AS A CONSEOU	JENCE OF):				Ì
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQU	JENCE OF):				13
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU	JENCE OF):				
CE	d.,						
PHYSICIAN: MEDICAL	PART II. Other significant conditiona  Cuchrove	ler Descou.	- sir Left		Part i. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ä							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		LACE OF DEATH (Chec	ck only one)		
YSI	1 TYES 2 NO	Inpatient 2   ER/Outpatient 3	DOA 4 D Nursing Ho	ne 5 🗆 Realdence 8	Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	W YRIULNI	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
	2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJURY — At hombuilding, etc. (Specify)	ne, farm, street, factory, offi	ce	28t. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
COMPLETED	(oncon only	AN: To the best of my knowledge, dear					ause(e) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 coveris A	1-14201-1	29c. LICENSE NUM		29d. DATE S	IGNED (Month, Day, Year)
BE	Josia Va	CONG. 9 Y	110	1 12507	T.	1 1	17/73
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM		2007 Rol. Ju		reobro	17/12 ol, no 20706
	30. NAME AND ADDRESS OF PERSON WHO POR H. YOU LONG WE	COMPLETED CAUSE OF DEATH (ITEM	(Typo, Print) Green belt			reobro	oh, no 20706

1	•	STATE REGISTRA
	_	

TO BE COMPLETED BY FUNERAL DIRECTOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CERTIFIC	CATE OF [	DEATH		REG. NO.			
I. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				L TIME OF OEATH
Bertha Ir	ene Wa	stler			July	] . ] (	993	EAR	9:00 A
SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.	BIRTHPL	ACE (State or Foreign
213-60-8209	1 🗌 M 2 🗍 F	70 YRS.	MONTHS DAYS	HOURS MIN.	(Month, E		914	Mar	vland
n. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOWN OR				9c. COUNTY		
11001 Harrana B	Pridag Dd		Thurmon	+			Fred	loni	ah
11221 Hessong B	rage Ru.		THOURON	и		1	THE	ieu	CR
De. STATE 10b. COUNT			TOWN OR LOCATIO	N				1	Od. INSIDE CITY LIMITS?
Maryland Fre	ederick	In	rwmont					1	YES 2 NO
O. STREET AND NUMBER			101. 2	IP COOE			10g. CITIZEN	OF WH	AT COUNTRY?
11221 Hessona B	Ruidan Dd		2	1788			us	AS	
I. MARITAL STATUS	12. WAS DECEDENT EN	VER IN U.S. ARMED		IDENT OF HISPAN	VIC ORIGIN?	Specify Yes		RACE -	- American Indian,
☐ Never Married 2 ☐ Married	FDRCES? 1		If yes, spec	NO Specify	n, Puerto Ric	an, etc.)			white
Widowed 4 Divorced	17 120, 000 1001	ON BAILES	10.001	X NO Specify	,.			орвану.	white
15. DECEDENT'S EDU			ISUAL OCCUPATION		16b. K	IND OF BUSI	NESS/INDUS	TRY	-
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8 +)	(Give kind of wo	ork done during most retired.)	of working					
12		Housewis	60						
. FATHER'S NAME (First, Middle, Last)				16, MOTHER'S NA	ME (First, Mid	ldle. Maiden S	umame)		
Tomboto T Hat	11 0.0								
Franklin T. Man	IXNAVY.	10b MAILING	ADDRESS (Street and	Norma.			State Zin Co	cia)	
								uoj	
Vahuall Wastloh	1	20b. PLACE OF OISPOSI	Bax 615,	-hedeh	uck,	MD 21	ATION — City		01-4
Ø-Burial 2 ☐ Cremation 3 ☐ Rem	noval from State	Resthaven				F.	reder	ich	MD
□ Donation 5 □ Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE U	ACCHOSE .	Residue		ADDRESS OF FA			ccaco		1.10
1. SIGNATURE OF FUNERAL SERVICE D	MENSEE 0			ser Fune		amas	DA		
Jamy K.	- Dance	11	Stand	Sax 1819	out n	Unles,	r.M.	011	0.0
disease or condition	. A-	on each line.		a or dying, suc	n as cardia	c or respin	atory arrest		
MMEDIATE CAUSÉ (Final disease or condition resulting in death)  Sequentially list conditions, framy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OF	5 CM	):	a or dying, suc	n as cardia	c or respir	atory arrest		Interval Between
Sequentially list conditions, famy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OF	R AS A CONSEQUENCE OF	):	a or dying, suc	n as cardia	c or respir	atory arrest		Interval Between Onset and Deat
dequentially liet conditions, and in the same and in the same area. Enter UNDERLYING AUSE (Disease or Injury that initiated events esulting in death) LAST	b. DUE TO (OF	R AS A CONSEQUENCE OF	): ):			24a. WAS AN /	NUTOPSY		Interval Betwee Onset and Deat
dequentially liet conditions, and in the same and in the same area. Enter UNDERLYING AUSE (Disease or Injury that initiated events esulting in death) LAST	b. DUE TO (OF	R AS A CONSEQUENCE OF	): ):		Part I. 2	44a. WAS AN A	AUTOPSY MED?	24b. )	Interval Betwee Onset and Deat
dequentially liet conditions, and in the same and in the same area. Enter UNDERLYING AUSE (Disease or Injury that initiated events esulting in death) LAST	b. DUE TO (OF	R AS A CONSEQUENCE OF	): ):		Part I. 2	24a. WAS AN /	AUTOPSY MED?	24b. \	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
dequentially liet conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	b. DUE TO (OF	R AS A CONSEQUENCE OF	): ):		Part I. 2	44a. WAS AN A	AUTOPSY MED?	24b. \	Interval Betwee Onset and Deat
dequentially liet conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	b. DUE TO (OF	R AS A CONSEQUENCE OF	): ): n tha undartying	cause given in	Part I. 2	PERFORI	AUTOPSY MED?	24b. \	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH?
dequentially list conditions, and leading to immediate asset in the conditions, and leading to immediate asset in the conditions.  AUSE (Disease or Injury hat initiated events esuiting in death) LAST  PART II. Other significant conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OF	R AS A CONSEQUENCE OF	): ): n tha undartying		Part I. 2	PERFORI	AUTOPSY MED?	24b. \	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH?
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decesse or condition equiting in death)  requentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events equiting in death) LAST  ART II. Other significant conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 - NO	b. DUE TO (OF d	R AS A CONSEQUENCE OF)  R AS A CONSEQUENCE OF)  R AS A CONSEQUENCE OF)  R AS A CONSEQUENCE OF)  R AS A CONSEQUENCE OF)  R AS A CONSEQUENCE OF)  R AS A CONSEQUENCE OF)	26. PLA OTHER: 4 □ Nursing Home UNTY  26. INJU	CE OF DEATH (C)	Part I. 2	PERFORI	AUTOPSY MED?	24b.	VERE AUTOPSY FINDING WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PLA OTHER: 4   Nursing Home Work M   1   YE treet, factory, office ad at the time, date a	CE OF DEATH (C)  S_Desidence RY AT K7 ES 2 NO  and place, end due ath occured at the 29c. LICENSE NU	Part I. 2  neck only one) 6  Other ( 28d. OESC  28f. LOCAT City or	PERFORE  I VES 26  Specify)  RIBE HOW IN  RION (Street as Town, State)  a(a) end manind place, end	JURY OCCUR  IJURY OCCUR  Ind Number or  Iner as stated.  If due to the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of	24b. )	VERE AUTOPSY FINDING WALLABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH?  I YES 2 NO  ute Number,  and manner as stated.  Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	FOR
١.	STATE
	REGISTRAR

	1 - STATE STATE OF MARYLAND /			HEALTH AND F DEATH	MENTA	AL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					E OF DEATH			3. TIME OF DEATH	
	William Thomas Watson				MON			YEAR	07.50 M	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH oth, Day, Year)	///	8. BIRTHPI	LACE (State or Foreign	
	214 28 8154 1 Det 2 D F 73	YRS.	MONTHS DAYS	HOURS MIN.	No.	nth; DM, Year) V . 5 , 1	919	Md		
	9a. FACILITY NAME (if not institution, give street and number)		9b. CITY, TOW	OR LOCATION OF D		v. 5,		NTY OF DEA	ATH	
OR	PENINSULA REGIONAL MEDICAL CENTR	ER	SALIS	BURY			WICOMICO			
5	RESIDENCE OF DECEDENT						- "	100111	.00	
IR.	(-2017CH) (-2027CH)		Y, TOWN OR LOC	ATION				1	0d. INSIDE CITY LIMITS?	
LD	Del Sussex 10a STREET AND NUMBER	De	lmar						YES 2 NO	
FUNERAL DIRECTOR	Delaware Avenue			19940			US/		AT COUNTRY?	
JNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR	MED	12 WE 0	ECENDENT OF HISPA	NIC COIC	10.00				
	1 Never Married 2 Married FORCES? 1 X YES 2 F		If yes,	specify Cuban, Maxic	an, Puerlo		or No-		- American Indian, White, alc.	
8	3 XXWidowed 4 Divorced WWII Army		1 1 1	ES 2 NO Specif	my:			Specify:	White	
COMPLETED	15. DECEDENT'S EDUCATION 16a, DE	CEDENT'S	USUAL OCCUPA	TION	16	b. KIND OF BUS	INESS/IND	USTRY		
<u>-</u>	Elementary/Secondary (0-12) College (1-4 or 5+)	. Do NOT u	work done during i se retired.)	nost of working						
MP		pent	er			Buildi	ng			
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA			Sumame)			
8	William Henry Watson			Annabe						
2	Lillian Quillen	B. MAILING B.Q.O.1	Door D	ark Drive	Route Nur	nber, City or Town	NA A	2181	1	
			OF DISPOSITION							
	1 X Buriel 2 Cremation 3 Removal from State cemetary, cre	matory or o			7 /20	/93 Wil		City or Town		
- 1	21. SIGNATURE OF FUNEVAL SERVICE LICENSEE	Cen	22. NAME	AND ADDRESS OF FA	ACILITY					
	Marie Bull			page Fund			108	Willia	ıms St.	
$\neg$	23. PART i. Enter the diseases, or complications that caused the de	eth. Do i	Bern	in, Md.	2181		nton, on		I Acceptance	
	snock, or heart failure. List only one cause on each line	. /		oda bi dying, sac	ori de Car	rulec of reapir	atory arr	est,	Approximate interval Between Onset and Death	
	immediate cause (Finel disease or condition )									
	resulting in death) e	OUENCE O	PV. I	W-		-			9 1	
z	Chr. Db	1,	PLIA	. 013	e ch	1			1 KWIG1	
일	Sequentieily list conditions, if any, leading to immediate	DUENCE O	F):					-		
5	cause. Enter UNDERLYING CAUSE (Disease or injury									
Ë	that initieted events  resulting in deeth) LAST	QUENCE O	F):							
CERTIFICATION	d				-					
CAL	PART II. Other aignificent conditione contributing to deeth but not r	eeuiting	in the underly	ng ceuse given in	Part i.	24a. WAS AN / PERFORI			YERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
_					_	1 TYES 2		C	OMPLETION OF CAUSE OF DEATH?	
M								1	TYES 2 NO	
A S	25 NWO 0405 PERSONAL PROPERTY.									
PHYSICIAN: MED	25. WAS CASE REFERBED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATH (Ch						
HXS	1 ☐ YES 2 ☑ NO	28b. TIM		NJURY AT		er (Specify) SCRIBE HOW IN	I NIEW OOG	NIBEO.		
	1 Natural 5 Pending (Month, Day, Year)		URY	YORK?	280. DE	SCHIBE HOW IN	JUNY OCC	OHED		
BÁ	2 Accident Investigation 3 Suicide 8 Could not be building str. (Specific at the could not be	me, farm, i		100	28f, LO	CATION (Street ar	nd Number	or Bural Bou	te Number	
Ë	4 Homicide detarmined building, atc. (Specify)				City	or Town, State)				
۳ ا	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge de	ath occurs	ed at the time de	de and place, and due	a to the in					
3 Suicide 8 Could not be building, atc. (Specify)  291. LOCATION (Street and Number or Rural Route Number, City or Town, State)  292. CERTIFIES  293. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  294. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
S S	29b. SIGNATURE AND TITLE OF CERTIFIER			29ç. LICENSE NUI					fenth, Dey, Year)	
<b>س</b>	WRUMMING			D 177	91		<b>&gt;</b> /	7	ulv 57	
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type,	Print)	01	Λ		1 10	1	140	
	MKJ CHMITU J 1	()	46/1	NILV	11	1) e	( /h	an	$M \mathcal{V}$	
6	31. DATE FILED (Month), Day, Your) 12. REGISTRAR'S SIGNATURE				(		7	11.	78	
							4		4 7	

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burlar be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlar, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	MB	Dent Dent	23
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/15	ATT	ECTO	1 28
5	OR	DIR	Item
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 vours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page has end within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
	HOSE	FUNE	AM
	뿔	뿔	OR
	2	22	3

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last) HELEN ROGERS WAR	E			ICATE (			2. DATE OF DEATH MONTH 1	2 1	993	3. TIME OF DEATH 8:05 P	
	4. SOCIAL SECURITY NUMBER 579-42-0353	6. SEX	6. AGE (In yrs	. last birthday) YRS.	MONTHS D	_	IF UNDER 24 HRS. HOURS MIN.	JAN. 14,	1933	Country	PLACE (State or Foreign: YORK	
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OF	R LOCATION OF D					
OR	112 LOUISE AVENU	E		LIT	SALI	SBU	JRY		WIC	OMICO	)	
DIRECTOR	MARYLAND WIC	oMICO		100	TY, TOWN OR I		ON				10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
ERAL	100. STREET AND NUMBER 112 LOUISE AVENU	E					ZIP COOE 21801		TIZEN OF W	HAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDED FORCES?	NT EVER IN U.S I YES 2 WAR OR DATES		If y	s, spe	ENDENT OF HISPA city Cuben, Mexic 2 XNO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	ee or No—		— American Indian, , White, etc.	
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12) 1 2	JCATION e completed) College (1-4 or 5	100	(Give kind of life. Do NOT u	work done duri se retired.)	JPATIO	N at of working	16b. KIND OF BUSINESS/INDUSTRY				
E COMPL	17. FATHER'S NAME (First, Middle, Last)  JAMES H. ROGERS							NAME (First, Middle, Maiden Surname) C CREAMER				
TO B	190. INFORMANT'S NAME (Type/Print) DON WARE							ALISBURY,				
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Re	novel from State	20b. PL	ACE OF DISPO	SITION (Neme	of cern	netery, crematory or	20c.	LOCATION -	— City or To		
	4 Donetton 8 Offier (Specify) 21. SIGNATURE OF FUNERIAL BERVICE L	0	SPR	INGHIL		_	GARDENS	ACILITY HOME, P.		ON, N		
	General	43	lle				BURY, MD		U. E	OX 31	. / 1	
4	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. IN CTCF	EASE O (OR AS A CO	DINT				CRSSUTCE			Approximate Interval Betwee Onset and De	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. SE(  DUE TO	CO (OR AS A CO	HISEQUENCE	OF):			MPORA				
MEDICAL	PART II. Other significent condition							in Part I. 24a. WAS PERI			MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetic	int 3 🗆 DOA	OTHER:		LACE OF DEATH (C	o 8 POwer (Spenish)	Hor	4E		
ED BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not b determined	28e. PLACE	OF INJURY — OF INJURY — g, etc. (Specify)	At home, farm	M M	1 🗆 1	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St	et and Num		Floute Number,	
COMPLET	(Check only							lue to the cause(e) and he time, date and place			(e) and manner as state	
O BE CO	299-SIGNATURE AND TITLE OF CERTIF	77	2/	15			29c. LICENSE N	rumber 256	29d. 1	TATE SIGNE	O (Month, Day, Year)	

106 BAILFORD ST.

w.

JAMES.
31. DATE FILEO (Moreth, Pay, Year)
JUL 21 93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ISAto

32. BEGISTRAR'S SIGNATURE
Julia Davidson-Randall

X

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law TO THE FUNEPAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If item 28 is marked, or Item 23

CHOIC		Page 1.2.5 March	
BALTIMORE, MARYLAND 21215-0020	aw requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	s been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page 10 should be detached for use as the bunal-transit permit. Page 11 should be detached for use as the bunal-transit permit. Page 12 should be detached for use as the bunal-transit permit. Page 12 should be detached for use as the bunal-transit permit. Page 13 should be detached for use as the bunal-transit permit.	pasing average be patition of account
- RECORDS, P.O. BOX 68760,	aw requires that the death certificate be executed within	s been signed by the attending physician and completely filled in by the top Health and Mental Hydrana prior to hartal cremation or removal	processes and injury or other beautholds agant the medical avaminar must be motified at anon

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF						YGIENE EG. NO.			
	1. DECEOENT'S NAME (First, Middle, Lest)	Yun						2. DATE OF D		q.	3.	TIME OF DEATH
	4. social security number None	1 🗆 M 2 🔯 F	(In yrs. last birthday) YRS.	- 6	DAY8	IF UNDER HOURS	MIN.	7. DATE OF BI (Month, Day	1/15	· ·	Kore	
TOR	99. FACILITY NAME (If pot institution, give str	Hospita		SI	Ver	SP	ON OF DE	9,0	od i	non County	tg (	mery
DIRECTOR	10e. STATE 10b. COUNTY	ntgome	10c. CIT	Y, TOWN OF	1	DN       -	د					d. INSIDE CITY LIMITS?
FUNERAL	14404 AS	h Cour	+			ZIP CODE	-	13	10		of what	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 VES IF YES, GIVE WAR OR D	2 NO	16	yes, spec	NDENT O	, Mexica	IIC ORIGIN? (Sp n, Puerto Ricen ::	ecify Yes or , etc.)		Specify:	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	Coffege (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u.  Home	work done du	uring most		9	16b, KIND	At H		RY	
S S	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAI	ME (First, Middle	, Maiden Sun	name)		
BE (	Chae Hwa Lee						oon	_	Moon			
٥	Sung Hee Yun		14404	Ash	Cour	rt R		ille,M	aryla	nd 20	853	
	26a, METHOD OF DISPOSITION  1		netery, crematory, or o Norbeck	ther place)			k 7	-17-93	Oln	юм — сну еу, Ма		
	21. SIGNATURE OF FUNDRAL REPVICE-CICE	hu				Funer hireAv	al Ho	me	209	004		
MOIL	23. PART I. Enter the diseases, or conshock, or heart feiture. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	ASPIRATION DUE TO (OR AS	ach lina.	LMON		e of dyli	ng, such	n aa cardiac (	or respirate	ory arrast,		Approximate Interval Between Onset and Death  7 DAYS
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F):								
MEDICAL	PART II. Other alguificant conditions LOWER GASTRU	contributing to deeth b	BLEEL)	In the und	lerlying	cause g	iven in I		YES 2	D?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				00 84 0	05.05.05	ATAL 601	ick only one)				
SIC	EXAMINER?	HOSPITAL:	nationt 3 DOA	OTHER:				8 Other (Spe	-4.1			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Metural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	- Y	28c. INJU	RY AT		28d, DESCRIB		RY OCCURE	D	
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	( ← At home, farm, : cify)	street, factor	ry, office			28f. LOCATION City or Tow	(Street and : m, State)	Number or R	ural Route	Number,
COMPLET	2 MEDICAL EXAMINER	CIAN: To the best of my known									use(e) and	d mennar ee stated.
TO BE		spirt up				29c. LICE D3S	330		29 J		NEO (MOI 15/9	nth, Day, Year) 3
	30. NAME AND ADDRESS OF PERSON WHO  DEENA J. SHAPIRO	40 10.816	CONNEC	MCELT	T A	Æ	KE	USING	Chon	HD	20	1895
	31. DATE FILED (Month, Day, Year) 199	32. REMISTRANTE OIGH	Son-Rande	2						_		

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y the hospital or attending	e detached for use as the	it once.
death. Page 6 may be retained by	ral director, page 5 should t	iner must be notitied
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the he find within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
death certificate be execute	attending physician and co	ry, or other traumatic
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fure within 72 hours after death with the State Dent, of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 23 shows any inju
R ATTENDING PHYSICIAN:	RECTOR: After this certific	m 28 is marked, or it
TO THE HOSPITAL OF	TO THE FUNERAL DIP	IMPORTANT: It Ite

30. NAME AND AGORE
SCOH
31. DATE FILED (Month)

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nth, Day, Year) 93

2		25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpatient 2 FR/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 D  27. MANNER OP DEATH 286. DATE OF INJURY 296. TIME OF 286. INJURY AT 286									al = and states of				
PHYSICIAN: MEDICAL	PART II. Other significa	int condition	ot reaulting	in the unde	in Part i.	1 VES 2 NO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO						
CERTIFICATION	Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- thet initiated events resulting in death) LAS	diata ING Iry	OUE 1	TO (OR AS A COM	CANO ISEQUENCE O	6R 0F):							MONSH		
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	aert failure. I	List only one c		) M	STAS				diac or reap	oiretory ar	rest,	Approximate interval Between Onset and Death		
	21. SIGNATURE OF FUNERA		ENSEE Her	gle	eensb	Fle	ME AND A	DORESS OF -Helf	FACILITY enbein	n Fune	ral H	lome			
	Dorothy M  20a. METHOD OF DISPOSIT  1 Secretariate  4 Donation 5 Dother	ION on 3 🗆 Remo		of ceme	ACE AND OAT	E OF OISPOS y or other place oro Cei	TION (Nat	ne	DAT		OCATION	City or Tow	rn, Stata		
TO BE	James E. Young, Sr.    Lilly Mae Kemp Young											Code)	1600		
	17. FATHER'S NAME (First, M				I OI CINC	ere tir		MOTHER'S	NAME (First,	Middle, Maider	Surname)				
COMPLETED	15. DEC (Specify only Elementary/Secondary (C graduate	EDENT'S EDUC highest grade (	ATION completed) College (1-4 or 1	5+)	(Give kind of life. Do NOT u	work done duri use retired.)		et Mi		7					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Nidowed 4 Divo	Married	12. WAS DECEDE FORCES?	NT EVER IN U.S. 1 TYES 2 WAR OR DATES		ft ye	ENT OF HISE	ANIC ORIGII	N? (Specify Ye Rican, etc.)			- American Indian, White, etc.			
RAL	10a. STREET AND NUMBER 12121 Gre	anchar	o Road			19	101. ZIP	216	539		S.A.	AT COUNTRY?			
DIRECTOR	10a. STATE MD	10b. COUNTY	roline			ry, town on i						- 1	10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
TOR	9a. FACILITY NAME (If not in 12121 Gre	ensbor				96. CITY, TO	eenst		DEATH			aroli			
	4. SOCIAL SECURITY NUMB 215-18-83	19	5. SEX 1 <sub>X</sub> M 2  F	8. AGE (in yrs. 70	YRS.		AVB HO	UNDER 24 HRS URS MIN.	June	of BIRTH h, Day, Year)	Mary Mary	land			
	1. DECEDENT'S NAME (First, James	Edwa		Young,					Ju	ine 23	19	93	9:30 P		

who complete cause of Death (ITEM 27) (Type, Print)

man 403 Marvel Ct

32. REGISTBAR'S SIGNATURE

JULIU LAWISSON - Randalle

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OR /	DIRE	Le Le
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s mours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up a feel with the Great Late that and Montal Hydion prior to build in removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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E HC	5 T	RTA
H	王	100
2	23	2 2

	FOR	0747F OF 1440W AND	DEDA			38F4:741 111/0	93	1 20	2004				
	1 - STATE REGISTRAR	STATE OF MARYLAND		ICATE OF			. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)			1111		2. DATE OF DEA	THDAY	YEAR 3.	TIME OF DEATH				
	AMANDA, UUH	A5			1	7 1	5 9	3	10.51P M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	· last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTY (Month, Day, M.	ear)	Country)	ACE (State or Foreign				
OR		leneral Hospi	TAL	COLUA	OR LOCATION OF	DEATH /		VARI					
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CIT	TY, TOWN OR LOCA	TION			104	d. INSIDE CITY				
		TIMORE			HAMPST	EAD		1 (	YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			10	r. ZIP CODE	7.05.4	10g. CITIZ		T COUNTRY?				
NE	19210 FALLS RD	12. WAS DECEDENT EVER IN U.S.	ARMED	13 WAS DEC		1074 ANIC ORIGIN? (Spec	fly Yea or No	USA					
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	<b>⋈</b> NO	If yes, sp	ecity Cuben, Maxi 2 NO Spe	can, Puerto Rican, at	ic.)	Black, W Specify:	American Indian, filte, etc.  WHITE				
8	15. DECEDENT'S EDUC (Specify only highest grade		DECEDENT'S	USUAL OCCUPATE work done during me	ON pet of working	16b. KIND (	F BUSINESS/IND	USTRY					
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	ise retired.)									
NO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S I	NAME (First, Middle, A	faiden Surname)						
BE		UANE E. YUHA			-	STEWA							
0	1 Mai. INFORMANT S NAME (hyper-rint)												
	200 METHOD OF DISPOSITION			LO FALL			EAD, M		1074 State				
	1 Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata of ceme	tary, cremator	y or other place) CERS CH		7/0			MD.21074				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  ELINE FUNERAL HOME												
100	934 S. MAIN ST., HAMPSTEAD,												
	23. PART I. Enter the diseases, of	complications that caused the	death. Do						Approximata				
	IMMEDIATE CAUSE (Final	List only one cause on each	iina.	. 7					Onset and Death				
	disease or condition resulting in desth)	· IRISI	omy	15									
		DUE TO (OR AS A COM	NSEOUENCE (	OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A CON	NSEQUENCE (	OF):					<del> </del>				
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	с											
TIFI	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CON	NSEOUENCE (	OF):									
CER		d							1				
	PART il. Other algnificent condition	is contributing to death but n	ot reaulting	in the underlylr	ng ceuse given		AS AN AUTOPSY ERFORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO				
PHYSICIAN: MEDICAL		MA				10	YES 2 NO		OMPLETION OF CAUSE F DEATH?				
ME		· ·						11	YES 2 NO				
AN:	25. WAS CASE REFERRED TO MEDICAL			20.5	LACE OF DEATH	(Check only one)							
SICI	EXAMINER?  1 YES 2 NO	HOSPITAL:	m 3 □ 50A	OTHER:		ce 8 🗆 Other (Speci	64						
НХ	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TI		JURY AT NA		HOW INJURY OC	CURED					
ВУ Р	1 Nstural 5 Pending 2 Accident Investigation	(Month, Pay, Year)	N		YES 2 NO	N	74						
	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	281. LOCATION City or Town	(Street and Number State)	or Rural Rout	te Number,							
COMPLETED	no centicien		MIH			1 /0	14.						
MPL	2012. CERTIFFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIE			, n. my opinoti,	29c, LICENSE I		29d. DAT		fonth, Day, Year)				
BE	Comment	Whe	m	0	ast. LICENSE	TUMBER	▶ 7	1570	73				
2	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEATH	OTEM 27) (7/4	na Printi				- / -					

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Devideon Hondall

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO CON

BLUNA

31. DATE FILED (Month, Day, Year)

JUL 2 0 '93

DHMH-18 Rev 1/89

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, La.	ed .	CER	TIFI	CATE OF	DEATH	Laber	REG. NO	).		3. TIME OF D	
CLARE	Grimes	ALBRI	ECH'	T		MONT		DAY	YEAR		
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birt	thday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	8 7 DATE	OF BIRTH	19	93	1:30	
213-03-4428	1 M 2 X F			MONTHS DAYS	HOURS MIN.	(Mon	th, Day, Year)		Countr	(V)	· rororgin
9a. FACILITY NAME (If not institution, give	e street and number)	92		9b. CITY, TOWN (	OR LOCATION OF D		1/01	9c. COU	MA NTY OF D	ryland	_
5313 BARBA	RA AVENU	E			TIMORE		Y				
10a. STATE 10b. COU	NTY	10	Dc. CITY,	TOWN OR LOCAL	ION			10d. INSIDE CITY			
Maryland	Balto.		Lu	thervil	le			LIMITS?	R NO		
10e. STREET AND NUMBER		113-11		101	ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY	77
8407 Thornton F	Road			84-	21093			U	.S.A		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	)	if yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specia	en, Puerto	N? (Specify Yo Rican, etc.)	Speci		ndlan,	
15. DECEDENT'S E		16a, DECED	ENT'S U	ISUAL OCCUPATION	ON .	166	b. KIND OF BU	JSINESS/IND		White	
(Specify only highest gn Elementary/Secondary (0-12)	College (1-4 or 5	ille Do	NOT use	ork done during mo retired.)	st of working						
7			nema	ker			Own He	ome			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,	Middle, Maider	n Surname)			
John H. Gr	imes				Ann	unk	nown				
19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING /	ADDRESS (Street a	nd Number or Rural	Route Nun	ber, City or Tox	wn, State, Zip	Code)		
Jean D. Covell		1	Sam	e as 10	е						
20m. METHOD OF DISPOSITION		20b. PLACE AND	DATEO	FDISPOSITION (Na	ma of	DAT	TE 20c. LC	OCATION —	City or To	wn, State	
1 Burial 2 Cremation 3 R	emoval from State	HILL/CO	ory or oth	er place)	orporati	on 8	13/93	тот	weon	, Mar	vlar
23. PART I. Enter the diseases, cahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	iovascu				rest,	Approx Interva Onset	Betwe				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ь.	(OR AS A CONSEQUE							-		
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	(OR AS A CONSEQUE	NCE OF)	:							
PART ii. Other algnificent condit	ions contributing to	death but not reau	ilting In	the underlyin	g cause given in	Part I.	24a. WAS AI PERFO	RMED?	24b	WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?	OF CAUSE
	+ 1 + 1					_	INS	LUKY		1 X YES 2	□ NO
25. WAS CASE REFERRED TO MEDICAL				24 84	ACE OF DEATH (C)	hank onto					
EXAMINER?	HOSPITAL:	I main was a little or		OTHER:	Company of the						
1 TYES 2 NO	1 Inpatient 2	ER/Outpetlant 3 1			e 5 Residence	1		In stance of the	Olines		_
1 Natural 5 Pending 2 Accident Investigation	(Month, D	lay, Year)	8b. TIME INJU	RY WO	URY AT RK? /ES 2 NO	28d. DE	SCRIBE HOW	INJURY OC	CURED		
3 Suicide 8 Could not 4 Homicide detarmined	oe I building.	F INJURY — At home, etc. (Specify)	farm, st	reet, factory, offic			CATION (Street or Town, State		or Rural I	Route Number,	
	YSICIAN: To the best of sines.									a) and manner (	n stated
296, GIGHNATURE AND TITLE OF CERTIFIER 296. LICENSE HUMBER								29d. DAT	E SIGNED	(Month, Day, Y	ear)
30. NAME AND ADDRESS OF PERSON	ALL S	DE OF DEATH STEM 27	n (Non 1	Prints	00	ME		▶8			199
31. DATE FILED (Month, Day, Year)	OLIV, JY	AND 1 PE			t, Balt	imo	re, M	laryl	and	212	01

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Then she has been signed by the attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



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# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					OATE	01	DEA	111	^	EG. NO.			
4	1. DECEDENT'S NAME (First, Middle, Last)	AMES							2. DATE OF I	DEATH DAY	_ 0	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest	birthday)	IF UNDER 1	YEAR	IF UNDER	1 24 HRS.	7. DATE OF E	MRTH			CE (State or Foreign
	219-07-9371	1 M 2 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da	y, Ybar)	1	Country)	VIRG
	9e. FACILITY NAME (If not inetitution, give str	net and number)	DY	9b. CITY, TOWN OR LOCATION OF DEATH							ACCOMAC CO.		
Œ		_	A									IY OF DEAL	"
5	RESIDENCE OF DECEDENT	LUT DI	ALTIMO	ORE BALTIMORE									
DIRECTOR	10a, STATE 10b. COUNTY			10c. CITY	, TOWN OF	R LOCAT	TION					10	d. INSIDE CITY
H	MARVIAND			B	AL7	IM	ORI	=				1,1	VES 2 NO
	10e. STREET AND NUMBER		1000	0.	-	_	ZIP COD			T	EN OF WHA	T COUNTRY?	
FUNERAL	3047 SPALDIN	C AVE	AILIE								.S.A		
N	11. MARITAL STATUS	12. WAS DECEDENT							IC OBIOINS (C	anath. Was			
	1 Never Married 2 Merried	FORCES?	YES 2 N	YES 2 NO If yes, specify Cuban, Mexicen						n, etc.)	Black, W	American Indian, hite, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAF	R OR DATES	1 ☐ YES XXNO Specify:								Specify:	ACK
C	15. DECEDENT'S EDUC	ATION	16a. DEC	Sa. DECEDENT'S USUAL OCCUPATION 166							NESS/INDI		HUN
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gh	(Give kind of work done during most of working life. Do NOT use retired.)									
PL	6TH	Conege (1-0 or 5+)	MA	MAINTANCE						LT.	CITY	SCH	. SYSTEM
2	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM						in Admirism S	(umama)		
	GEORGE MAJOR						10. 1101						
BE	19e. INFORMANT'S NAME (Type/Print)		100	MARINO	ADDOSOS	/Oter4	and More		LIE ?			0.4.1	
2				19b. MAILING ADDRESS (Street end Number or Rural Route Numb 2215 FOX BANE SQ. BAL									1200
	LEODA SNELL						SQ.						
	20s. MÉTHOD OF DISPOSITION  XIXBurial 2 □ Cremation 3 □ Remo	20b.PLACE A cemetery, cren	ND DATE O	F DISPOSIT					DATE 20c. LOCATION — City or Town, State				
	GARRISON FOREST VET. CEM. OWINGS M										MILL	S, MD	
	22. NAME AND ADDRESS OF FACILITY HOME 21216												
	2501 GWYNNS FALLS PKWAY BALT. MD												
	23. PART i. Enter the diseases, or co	omplications that	aused the des	th. Do n	ot enter t	the mo	de of dv	ing, auct	n as cerdiac	or reepin	atory arm	est.	Approximeta
	ahock, or feat fellure. List only one ceuse on eech line.												interval Between
	IMMEDIATE CAUSE (Final disease or condition	Acres	27.2.	, -				1					Onset and Death
	resulting in death)	HSPIR				M	ONI	H					3 DAYS
		00 00 00	R AS A CONSEO	DENCE OF	):								
CERTIFICATION	Sequentially list conditions,	DUE TO (O	R AS A CONSEQ	HENCE OF	3.								
A	if any, leading to immediate cause. Enter UNDERLYING	332 10 (0	II NO N GOILGEG	OLIVOL OI	,								
은	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQ	UENCE OF	n:						_		
E	resulting in death) LAST												
E		•				_		-					
	PART ii. Other aignificant conditions	contributing to d	eath but not re	sulting i	n the unc	deriyin	g cause :	given in	Part i. 24	. WAS AN			
MEDICAL	H/O CEREBROVA	SCULAR	DISE							PERFORI		00	MILABLE PRIOR TO IMPLETION OF CAUSE
유									_   ''	169 2	AL NO		DEATH?
						_		-	-			11	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					40 m		EATH OF					
PHYSICIAN:		HOSPITAL:	And and a second		OTHER		ACE OF D	EATH (Che	ack only one)				
ĭ	1 VES 2 PNO 27. MANNER OF DEATH							esidence	8 Other (Sp				
	1 Natural 5 Pending	28e. DATE OF IN (Month, Day,		28b. TIME INJU		WC	URY AT		28d. DEŞCRI	BE HOW IN	JURY OCC	URED	
BY	2 Accident Investigation				M		YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY — At hor c. (Specify)	ne, farm, s	treet, facto	ry, offic	•		28f. LOCATIO City or To	N (Street er wn, State)	nd Number	or Rural Route	Number,
COMPLETED	4 Homicide determined												
2	29a. CERTIFIER (Check only	IAN: To the best of m	y knowledge, dea	nth occurre	d at the tir	no, dete	end place	, end due	to the cause(e	) end manr	ver as stele	d.	
8													d manner ee stated.
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4	30. MAME AND ADDRESS OF PERSON WHO  ACQUE INE  31. DATE FILED (Month, Day, Year)	· WAV D	C OLCALATION	00	701	VV	· BE	IVE.	DERE	HVE,	MA	ryla	ND 21215
+	AUG 0 5 1993 4	32. REGISTRAR	SIGNATURE										
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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31. DATE SILED (Month; Day, Year)

5 - 1993

93 22807 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 27 3. TIME OF DEATH 23 CLARA M. ASKEW Askei 7:25AM lara 2 3 4. SOCIAL SECURITY NUMBER S AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Month, Day, Year) PÉNNSYLVANIA 1 M 2 1 JAN. YRS. 9e. FACILITY NAME (If not institu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR TMOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 313 LEEANNE ROAD 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Merried BY 3 Widowed 4 □ Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) **THERESA** PROTOKOWICZ WILLIAM MARSHALL BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 MRS. SUSAN HEIL 313 LEEANNE ROAD BALTO. MD. 21222 20a. METHOD OF DISPOSITION

1 Description

2 Cremation 3 Reverse August 1 Description

4 Description 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 7-30 LAUREL MD. MD . PARK ME. PARK 21. SIGNATURE OF FUNERAL SERVICE LICENSEE KACZURUWSKI TUNERAL HOME 1201 DUNDALK AVENUE BALTO. MD. 21222 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, allock, or heart failure. List only one cause on each line. **Approximata** interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition cardiac amh reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CON that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS OSK AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 - YES 2 - MG OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 - Inpetient 2 - ER/Outpetient 3 - DOA Nursing Home 5 Residence 6 Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investigation -1 Natural 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER

(Chank ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner ee stated. 290. SICHATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 

> 932. REGISTRAR'S SIGNATURE ina Devidson Randoll

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR- After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Deot. of Health and Mental Hydiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
. The law requires that the death cer	ate has been signed by the attending tate Dept. of Health and Mental Hyd	tem 23 shows any injury, or o
THE HOSPITAL OR ATTENDING PHYSICIAN	THE FUNERAL DIRECTOR: After this certific filed within 72 hours after death with the S	PORTANT: If Item 28 is marked, or i

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
8	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH
	HNDREW HISTON 7 30 93 9:20 AM
0	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  1 M 2 F  2 M 2 F  2 M 2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M R  2 M 2 M
TOR	So. FACILITY NAME (N not institution, give street and number)  LORIEN 169 & Rehab Center Columbia XIOWARD  RESIDENCE OF DECEDENT
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	MD BALTIMORE 1 ¼ YES 2 ☐ NO
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  7368 CEDAR AVENUE  20794  U.S.A.
5	11. MARITAL STATUS / 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Veg or No. ) 14. BACE - American Indian
B	1 Never Married 2 Merried   FORCES? 1 YES 2 NO   If YES, GIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, QIVE WAR OR DATES   If YES, Q
COMPLETED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
Ē	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  (Give kind of work done during most of working life. Do NOT use retired.)
MP	10th B.G. & E.
00	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE	ANDREW ALSTON BERTHA HAWKINS
5	19a. INFORMANT'S NAME (Type/Print)  19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
	DELOIS ALSTON 7368 CEDAR AVE./JESSUP, MD 20794
	1 Suriest 2 Cremetion 3 Removel from State
	4 Donation s Other (Specify) ST. LUKE CHURCH CEMETERY SKIPWITH, VIRGINIA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY
	WM.C. MARCH F.H./1101 E. NORTH AVENUE
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate
	shock, or heert fallure. Elat only one cause on each lina.  Interval Between Onset and Death
	disease or condition
	e. OUE TO (OR AS A CONSCOUENCE OF)
z	
읽	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):
2	CAUSE (Disease or Injury
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST
<b>E</b>	d
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
DICAL	PERFORMED? ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
百	1 YES 2 NO OF DEATH?
2	
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATH (Check only one)
is l	HOSPITAL:  1 YES 2 DO  HOSPITAL:  1 Inpatient 2 ER/Outpatient 3 DOA  Hursing Home 5 Residence 8 Other (Specify)
PHYSICIAN: ME	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)  28b. TIME O  28c. INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED
ВУ	2 Accident investigation 1 YES 2 NO
	3 Suicide 8 Could not be determined Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)
릴	29a. CERTIFIER (Check only one)  The best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated, one)
COMPLETED	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
10 B	150 million D34868 8-4-93
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	Steven H. Diener M. D. 3459 St. John's have Ellicott City Mb 21042
51	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE
/	AUG 0 5 1993 Sulie Deviden Bandan

DHMH-16 Rev 1/89

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Death was in

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	SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE	OF BIRTH		BIRTHPLACE (State or For
	213 09 3306	1 - M 2 - F 7	6 CYRS.	MONTHS DAYS	HOURS MIN.		th, Day, Year)		Country) MARYLAND
	. FACILITY NAME (If not institution, give				OR LOCATION OF			9c. COUNTY	
Ē H	6708 DULUTH A	VENUE		BALTI	MORE C	ITY		BAL	TIMORE
DIRECTOR	Da. STATE 10b. COUNT	Y		Y, TOWN OR LOCA				1/2	10d. INSIDE CITY LIMITS?
	MD a. STREET AND NUMBER		B	ALTIMO	RE. CC	rex!	TY		1 TYES 2 1
ER.	W WITH THE TOWN TOWN THE				oi. Zir cobe			iog. Citizer	N OF WHAT COUNTRY?
BY 3(	. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS OCCEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISP pecify Cuban, Mex S 2 NO Spe	ican, Puerto	N? (Specify Yes Rican, etc.)	or No 14.	RACE — American Indian Black, White, etc. Specity:
	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of	USUAL OCCUPAT	ION lost of working	168	b. KIND OF BUS	SINESS/INDUS	TRY
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	LARC	RER.		17	FTH	-576	EL CO
TI.	FATHER'S NAME (First, Middle, Last)		-1.70		18. MOTHER'S				
W		TIC ABRA	MCZY1	4	WY	KNO	WH		
0 "	A D A A A A A A A A A A A A A A A A A A	716	19b. MAILING	ADDRESS (Street	and Number or Run				ode)
20	ARY HICKTON	20	b. PLACE AND DATE				ALTO.	- 4	y or Town, State
1.8	☑ Buriel 2 ☐ Cremetion 3 ☐ Ran ☐ Donation 5 ☐ Other (Specify)		metery crematory or			9-3	BA	LTO .	CITY
21.	. SIGNATURE OF FUNERAL SERVICE LI				AND AOORESS OF	FACILITY			
re	esulting in death)	ARTERIOS(	10000	CHIL	10 MASC	MOTH	- VI	10 HOL	
ERTIFICATION	equantielly list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat Initiated events esulting in deeth) LAST	c	A CONSEQUENCE C	PF):					
MEDICAL CERTIFICATION	any, leading to immediata ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events	c. OUE TO (OR AS	A CONSEQUENCE O	)F): )F):			24s. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINANALABLE PRIOR 1 COMPLETION OF COOF DEATH? 1 YES 2 N
MEDICAL	any, leading to immediata ause. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events esuiting in deeth) LAST	c. OUE TO (OR AS d	A CONSEQUENCE O	IF):  In the underlyle  26. F		in Part I.	PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR 1 COMPLETION OF CL OF DEATH?
MEDICAL	any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in deeth) LAST  ART II. Other aignificant conditions.  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	c. OUE TO (OR AS  d	A CONSEQUENCE C	PF):  In the underlyle  28. F  OTHER: 4 □ Nursing Hol	ng cause given	in Part I.	PERFOR  1  YES 2  rie)  or (Specify)	AUTOPSY IMED?	24b. WERE AUTOPSY FINAMALABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N
PHYSICIAN: MEDICAL	any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events esuiting in deeth) LAST  ART II. Other aignificant condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  Netural S Pending	c. OUE TO (OR AS d	A CONSEQUENCE C  A CONSEQUENCE C  but not resulting	PF:  OF):  in the underlyle  28. F  OTHER: 4   Nursing Holder   28c. IN JURY   W	PLACE OF DEATH (	in Part I.	PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINAMALABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N
ED BY PHYSICIAN: MEDICAL  52.  52.	any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in deeth) LAST  ART II. Other aignificant condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH	c. OUE TO (OR AS d	A CONSEQUENCE C  A CONSEQUENCE C  but not resulting  tipatient 3 DOA  28b. TH	IF):  In the underlyle  28. F  OTHER: 4 Nursing Hol MU OF JURY M 1	PLACE OF DEATH ( mm 5 X Residence LJURY AT ORK? YES 2 NO	in Part I.  Check only o	PERFOR  1 YES 2  Ine)  or (Specify)  ESCRIBE HOW II	AUTOPSY IMED? NO NO	24b. WERE AUTOPSY FINAMALABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N
ED BY PHYSICIAN: MEDICAL  52.  52.	any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events esuiting in deeth) LAST  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART III. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  AR	C. OUE TO (OR AS  d	A CONSEQUENCE C  A CONSEQUENCE C  but not resulting  patient 3 DOA  28b. TH  N  Y — At home, farm, soffy)	IF):  In the underlyle  26. F  OTHER: 4   Nursing Ho  ME OF 28c. IN  JURY M 1    street, factory, offi	PLACE OF DEATH ( me 5 🔀 Residence JUHY AT ORK? YES 2 NO	in Part I.  Check only o  e 6  Oth  26d. OE	PERFOR  1 YES 2  Ine)  Per (Specify)  SCRIBE HOW II  CATION (Street a ror Town, State)	AUTOPSY IMED?  NO  NJURY OCCUP and Number or	24b, WERE AUTOPSY FINANAILABLE PRIOR 1 COMPLETION OF COF DEATH?  1 YES 2 N
COMPLETED BY PHYSICIAN: MEDICAL	any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events esuiting in deeth) LAST  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART III. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  ART II. Other aignificant condition  AR	C. OUE TO (OR AS  d	A CONSEQUENCE C  A CONSEQUENCE C  but not resulting  patient 3 DOA  28b. TH  N  Y — At home, farm, soffy)	IF):  In the underlyle  26. F  OTHER: 4   Nursing Ho  ME OF 28c. IN  JURY M 1    street, factory, offi	PLACE OF DEATH ( me 5 🔀 Residence JUHY AT ORK? YES 2 NO	in Part I.  Check only of the Self Chyline to the cathe time, dat	PERFOR  1 YES 2  Ine)  Per (Specify)  SCRIBE HOW II  CATION (Street a ror Town, State)	AUTOPSY MED?  NO  NJURY OCCUP and Number or oner as stated, d due to the c	24b, WERE AUTOPSY FINANAILABLE PRIOR 1 COMPLETION OF COF DEATH?  1 YES 2 N

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF N	TAL HYGIENE REG. NO.			
DECEOENT'S NAME (First, Middle, Last)	Emma Mar	y BROW!	U	2. DA	TE OF DEATH DAY
SOCIAL SECURITY NUMBER	5. SEX	6 AGE (In yrs. last birthday) IF U	NDER 1 YEAR IF UN	IDER 24 HRS. 7. DA	TE OF BIRTH

1. DECEOENT'S NAME (First, Middle, Last)	Emma Mary By	wn	1)	2. DATE MONTS	OF DEATH	NEAR 3. TIME OF DEATH
EMMA	111. 6	Row		8	4 9	3 / PM
212 22 9171	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	(Month	of BIRTH 1, Day, Year) 1-2-02	8. BIRTHPLACE (State or Foreign Country)  MALY LANI
9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN OR LOCATION OF C	DEATH	9c. COUN	TY OF DEATH
EderwA	40		TOWSON 1	11/5.	BA	LTIMORE
RESIDENCE OF DECEDENT  100, STATE  10b, COUNT	TY .	10c. CITY. 1	TOWN OR LOCATION			10d. INSIDE CITY
mo.	BALTIMORE	1	Towson			1 TES 2 K NO
100. STREET AND NUMBER	erly Ro	d	101. ZIP CODE	286	10g. CITIZ	LEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I		13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 TYES 2 NO Speci	cen, Puerto I		t4. RACE — American Indien, Black, White, etc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S US	SUAL OCCUPATION	16b	KIND OF BUSINESS/IND	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	k done during most of working etired.)			
12		Home	Maker	_ L	Own Home	
17. FATHER'S NAME (First, Middle, Last)				IAME (First, I	Middle, Meiden Surname)	
Joseph Ater			Нох	nora	Kuhn	
19a. INFORMANT'S NAME (Type/Print)		10h MAII ING A	DDRESS (Street and Number or Rura			Code
		1311,000,000	Water 1970 - The Park Inches		3 3 10 10 10 10 10 10	oute
Frederick A. Brow			euter Rd. Timor		7	
20a, METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rer	noval from State	f cemetary, crematory or		OAT		
4 Donation 5 Other (Specify)		ulaney Val	lley Mem. Gdns.		/93 Timoni	um, Md.
21. SIGNATURE OF FUNERAL SERVICE L	ICENBEE		22. NAME AND ADDRESS OF F		Tunna Tu	
The Late	JAMA I		Ruck Towson			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	disease			- June
	d					
PART II. Other significant condition.	a Visiting to death	but not resulting in	the underlying cause given i	In Part I.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	Check only o	ne)	
EXAMINER?	HOSPITAL: 1   inpatient 2   ER/Ou		OTHER	e 8 □ Othe	er (Specify)	
27. MANNER OF BEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT	-	SCRIBE HOW INJURY OCC	CURED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR	RY — At home, farm, streedily)	eet, factory, office		CATION (Street and Number or Town, State)	or Rural Route Number,
(Orabon Oray			at the time, date and place, and do			
29b. SIGNATURE AND TITLE OF CERTIFI	8 MD	X. I	29c. LICENSE N	UMBER 22	29d, DATI	E SIGNEO (Morth, Day, Year) 8/4/93
30. NAME AND ADDRESS OF PERSON W  Dr. Richard C  31. DATE FILED (Month, Day, Year)		20 Sister		vson,	Md. 21204	
AUG 0 5 1993	Ache Deviden	Booker				

With the San San San San San San

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

	3 should		
	Pages 1, 2		
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shouls	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL OR A	ERAL DIRE	in 72 hours	IT: If Item
O THE HOS	O THE FUN	e filed with	MPORTAL

	FOR 1 - STATE REGISTRAR	STATE OF MAR				IEALTH AND DEATH	MENTAL	HYGIEN REG. NO	E	33	20	281	
	1. DECEDENT'S NAME (First, Middle, Last)	Robert 1	tenry E	3rundi	ck III	anne	2. DATE O	F DEATH	AY .C	<b>6</b> 3	3. TIME	OF DEATH	м
	4. SOCIAL SECURITY NUMBER 213 ≈ 28 ≈ 2526	1 🖄 M 2 🗆 F	AGE (In yrs. last	YRS. MON	UNDER 1 YEAR OTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, 1 0 ->	-01 -01	31	8. BIRTHP Country	Ma	State or Forek	
тов	96. FACILITY NAME (If not institution, give so PENINSULA REGIO RESIDENCE OF DECEDENT		L CENT		SALIS	BURY	EATH	· 		OMIC			
DIRECTOR		orcester		10c. CITY, TO	OWN OR LOCAT		Leysvi	lle			LIN	SIDE CITY AITS? ES 2XXNC	0
FUNERAL	11101 Dale Road				100	ZIP CODE	1872			ited			
BY	11. MARITAL STATUS 1 Never Married 2X Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT, EV FORCES? 1 12 IF YES, GIVE WAR O AVENUY 195			If yes, sp	ecity Cuben, Mexico 2X NO Specifi	an, Puerto Ri	(Specify Yes	or No-	14. RACE Black, Specify	White,	rican Indian, etc. White	
COMPLETED	15. DECEDENT'S EDUK (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  Cotlege (1-4 or 5+)	(Give	EDENT'S USU TO KIND OF WORK TO NOT USE THE		ON st of working	Bo	und of Bus ultimo ire Do	ore C	ity			
BE	17. FATHER'S NAME (First, Middle, Lest)  ROBERT HENRY Br  190. INFORMANT'S NAME (Type/Print)					18. MOTHER'S NA Myrtle	WE (First, Mil	ddle, Malden Mia ł	Sumame)	tt			
10	Mrs. Phoebe A.		1	1101 D	Pale Ro	and Number or Rurel ad Whale	zysvil	ele, 1	laryle	and	218	-	
	20n, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		20b. PLACE AN competery, cram	nd DATE OF DI natory or other E	meter	8/4	11993	20c. LO	ultime	ore.	Mar	rulano	d
	21. SIGNATURE OF BUREHAL SERVICE LIC	V- Food			7922	RUCK FULL Wise Aug	2. Di	indalt	z, May	rylax	lk,	Inc. 21222	2
	23. PART 1: Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse o	on ofech line.			a		c or reapi	ratory srri	est,	int	pproximata terval Betw nset end D	veen
	resulting in desth)	OUE TO (OR	AS A CONSEOL	S CULA JENCE OF):	- a	icidens					+	100	
ERTIFICATION	Sequentially list conditiona, if sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR	AS A CONSEOU	JENCE OF):									
ERTIFIC	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQU	JENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition.  Hyperter		th but not rea	aulting in th	e underlying	g cause given in		24a. WAS AN PERFOR	MED?		AVAILABL COMPLE OF DEAT	JTOPSY FINDS LE PRIOR TO TION OF CAUS H?	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Ch	eck only one)				_		
HYSI	1 TYES 2 10 NO 27. MANNER OF DEATN	1 Inputient 2 ER/				e 5 🗆 Residence							
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ar)	INJURY	M 1 1	RK? /ES 2 NO		RIBE NOW II					
ETED	3 Suicide a Could not be determined	building, atc.	Specify)	e, term, street	, tactory, offici		City or	ION (Street a Town, State)	and Number (	or Rural Ro	ute Num	ber,	
COMPLETED	one) 2 MEDICAL EXAMINE										end mer	nner ee state	ıd.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	n r	v			29c. LICENSE NUI	WBER 1721		29d. DATE	SIGNED (	Month, D	Nay, Year)	
- 1	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, Print	)					1	-		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Stephen Paulos M.D.

31. DATE FILED (Month, Day, Vola)

AUG 0 5 1993

32. REGISTRAR'S SIGNATURE

AUG 0 5 1993

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80	The law requires that the death certificate the executed within 2	
DIVISION OF VITAL RECORDS, P.O. ROX 68760	異	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the prescribed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IV THE FUNEXAL DIRECTORS After this certificate has been signed by the attending physician and completely jued to the bushout director, page 5 should be detached for use as the bushouts permit. Pages 1, be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to the bushow or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 22812 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME /First, Alkdon, Last) DORTHY E. BESS 2. DATE OF DEATH 3. TIME OF DEATH º/PM DOROTHY BESS 3 93 4. SOCIAL SECURITY NUMBER S. AGE (In yes, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS TOM 2 DF VRS. 212-20-9957 6/16/1923 Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOSEPH RICHIE HOSPICE BALTIMORE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE N YES 2 □ NO FUNERAL 10s. STREET AND NUMBER 10g: CITIZEN OF WHAT COUNTRY? 1100 PENNSYLVANIA AVE. 21201 U.S.A. 11. MARITAL STATUS 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cubian, Maxican, Puerto Rican, etc.) 1 VES 2 NO Specify 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 JNO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Nar 2 NO FORCEST | YES 2 3 Widowed 4 Divorced BY Specific AFR. AMERICAN COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
the Co NOT use retrect) 15. DECEDENT'S EDUCATION worlfy only highest grade comple 165. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Mickels, Lust) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE CORBIN BE MARY CORBIN 18w. INFORMANT'S NAME (Type/Print) teb, MAILING ADDRESS (Street and Number or Rural Route Mumber, City or Town, State, Zip Cooks) 2 ANN BULLOCK SIDNEY AVE BALTO. MD 21230 20s. METHOD OF DISPOSITION
1 € Burlal 2 ☐ Cremation 3 ☐ Bs 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE 1 Donation 5 Other (Specify) MI ZION CEM. 8/4/1993 BALTO. MD 21. SIGNATURE OF FOREHAL SETTING LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO, MD 21217 23. PART I. Eight the diseases, of complications that caused the death 05 not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only ope o Interval Between IMMEDIATE CAUSE (Final Onset and Death distass or condition resulting in death) DUE\_TD\_(OR\_AS A CONSEQUENCE OF) DUE TO FOR AS A CONSEQUENCE OF MOTOR AS A CONSEQUENCE OF minutes CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING 3 miss CAUSE (Disease or Injury that initiated events resulting in death) LAST head-neck 18 mos guamous auein our PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS. **AWAILABLE PRIOR TO** COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO T YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: T YES 2 2 NO 1 🗆 Impetient 2 🗆 ER/Outpatient 3 🗆 DOA HESPICE. ne 5 | Residence 6 Other (Specify) 4 Muraing Ho 27, MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 29c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY DECURED 1 | Natural 5 Pending 1 YES 2 NO BY 3 Accident investigation 28s. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Sum D08900 Mi 1-9

828 N. EurawSt.



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Robert

AUG 05 1993

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

-rwin M

Jana Davidson Randelle

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

		ICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)  IRMA KING BOLLINGER		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	1. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday)		08 - 03 -	1993 6.40 PM
	212-12-2146 10 M 2 XF 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Mont)	8. BIRTHPLACE (State or Foreign Country)
	9s. FACILITY NAME (If not institution, give street end number)	9b. CITY, TOWN OR LOCATION OF DE	1321	MARYLAND UNITY OF DEATH
DIRECTOR	GOOD SAMARITAN HOSPITAL	BATIMORE,	dw	A 1 - N=
E E		Y, TOWN OR LOCATION		10d, INSIDE CITY
	Maryland	Baltimore		1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER	10f. ZIP CODE	"	TIZEN OF WHAT COUNTRY?
N.	5122 Pembroke Avenue  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED	21206		ited States
à	1 Never Married 2 Married  S Wildowed 4 Divorced  Never Married 2 Married  FORCES? 1 YES 2 NO  IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexical 1 ☐ YES 2 ☒ NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of	USUAL OCCUPATION	16b. KIND OF BUSINESS/IN	
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEW	work done during most of working se retired.) IFE	AT HOME	- 0
NO.	17. FATHER'S NAME (First, Middle, Lest)	18. MOTHER'S NA	ME (First, Middle, Meiden Surneme)	
BE (	UNKNOWN  190. INFORMANT'S NAME (Type/Print)  19b. MAILING	LILLI	0,110,	07
2	GARY M. BOLLINGER 9102 /	ABIGAIL DRIVE BALTIM	PORE, MD. 21237	(p Code)
	20s. METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE cemetery, crematory or completely.	of disposition (Name of the place) Cemeterv	stelen	- City or Town, State Ore, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOHN E. DOLAN	22. NAME AND ADDRESS OF FAC Leonard J. R	CILITY	ore, paryrana
4	On Party I Products discussed in the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	5305 Harford	Road Baltim	ore, 21214
	23. PART I. Enter the diseases, or complications that caused the death. Do abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CRRDIO VULW			Prest, Approximata Interval Between Onset and Death
	a. DUE TO (OR AS A CONSEQUENCE O		(5)	
Z	Sequentially list conditions, b. SCYSUS			
Ă	If any, leading to immediate cause. Enter UNDERLYING	F):		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST	F):		
H	d			
SAL SAL	PART II. Other algnificant conditions contributing to death but not resulting	in the underlying cause given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
200			1   YES 2   NO	COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDI			_	1 - YES 2 - NO
Y N	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Che	ack pnly one)	
	EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Impetient 2   ER/Outpetient 3   DOA	OTHER: 4  Nursing Home 5 Residence		
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIN IN. Natural 5 Pending	URY WORK?	28d. DEŞCRIBE HOW INJURY O	CCURED
À	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm,	M 1 YES 2 NO	281. LOCATION (Street and Number	or or Rural Route Number,
	4 Homicide determined		City or Town, State)	
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurr one)  2 MEDICAL EXAMINER: On the best of examination end/or investigation.			
шШ	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM		TE SIGNED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type	D444	62 10	8/03/93
	NII LAMPTOY-MILLS, GOOD		N HOSPITI	72
	31. DATE FILED (Month, Day, 1607) AUG 0 5 1993  Schic Devident Perplane			
	4			



1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 07 BRINKLEY Joseph 1:04 Au 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-54-3925 1 M 2 - F 43 1950 April 16 Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO permit. 10e STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4114 Garrison Blvd. use as the burial-transit 21215 hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 X Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Specify: BY 3 Widowed 4 Divorced Black COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY JQ. Elementary/Secondary (0-12) College (1-4 or 8 +) detached 11th Grade Grinder Armco Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) be retained by the funeral director, page 5 should be Herbert J. Brinkley BE Jewell Minor notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Judy Brinkley 4114 Garrison Blvd. 21215 Baltimore, Maryland pe 20a, METHOD OF DISPOSITION
1 N Buriel 2 Cremation 3 Removal from State Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must MD Veteran Cem/Garrison 8/3 4 Donation 6 Other (Specify) Owings Mills 21, SIGNATURE OF FUNERAL SERVICE LICENSEE examiner \*\* NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. flours after death. Partie in by the funeral ion, or removal. 2501 Gwynns Falls Parkway 8 Baltimore, Maryland 21216 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Final **Onset and Death** cremation, disease or condition Small Bowel Infand
DUE TO JOR AS A CONSEQUENCE OF: event, resulting in death) hysician and com executed trangulatar traumatic CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury attending physician a ental Hygiene prior to that the death certificate be abdominal wall hernen other that initiated events resulting in death) LAST 50 the atter PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL signed by the Cardiovasculor Deserve any COMPLETION OF CAUSE 1 YES 2 | NO typer tension YES 2 | NO t, of h PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The I 26. PLACE OF DEATH (Check only one) certificate h the State d, or Item HOSPITAL: OTHER:
4 □ Nursing Home 6 □ Residence 6 □ Other (Specify) 1 XYES 2 NO 1 ☐ Inpatient 2 ◯ XR/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? marked, 26d. DESCRIBE HOW INJURY OCCURED this with 1 Natural
2 Accident 6 Pending investigation 1 YES 2 NO BY death After 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 90 6 Could not be DIRECTOR: / COMPLETED 4 Homicide 28 Hem 29e. CERTIFIER (Check aniv 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. HOSPITAL (FUNERAL (WITHIN 72 H TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 X MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE lute un Dennis O.C.M.E. 7-31-1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 (

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)

AUG 0 5 1993

DHMH-16 Rev 1/89

24 Peter

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1 - 1 W

TO THE MOSTINA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE-FILED (MONTH, Day, Year)

ALIG 5 = 191

- 1993

	1 - FOR REGISTRAR	STATE OF I	MARYLAND /				IEALTH AND	MENTA	L HYGIEN	_	3	22815
	1. DECEDENT'S NAME (First, Middle, Last) JOANN	C.		_		CKI		2. DATE MONT	OF DEATH	AY Y		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 215-01-3787	5. SEX	6. AGE (In yrs. last	birthday) 4 YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH 126 - 18	8.	BIRTHP	LACE (State or Foreign YLAND
TOR	309 S, WOLFE S						MORE	EATH		9c. COUNTY	OF DE	ATN
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	1				ORLOCAT						10d. INSIDE CITY LIMITS? 1 (2) YES 2 \( \) NO
FUNERAL	100. STREET AND NUMBER 309 S. WOLFE ST	REET				101	21231			1		HAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARM YES 2 NO MAR OR DATES	MED O	13.	If yes, sp	ENOENT OF HISPA ecity Cuben, Mexico 2 NO Special	an, Puerto		or No- 14	Specify	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) 8 YEARS	CATION completed)  College (1-4 or 5	(Gh	EDENT'S we kind of a Do NOT us	vork done	OCCUPATION during mo	ON ost of working	16b	. KINO OF BU	SINESS/INDUS		ITE
BE CON	17. FATHER'S NAME (First, Middle, Last) MICHAEL BABIC	CKI					JOANNA	SZC	ZUBLE	WSKI		
2	194. INFORMANT'S NAME (Type/Print) MRS MARY KARCZE	WSKI	19b. 3	709	BOI	S (Street a	EW AVE	NUE	BALTO	)., MC	). :	21213
	20a METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AI				MARY	- 7 OAT CEM.	BALT	CATION — CIN	or Tow	
	21 STGHATURE OF FUNERAL SERVICE LIC	Vole 2	VOIS!	bi		2525	ORUWSK'	ST.	BALT	O. ME	). :	21224
	21 PART I. Enter the diseases, or o shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	o. ATHER	se on each line.	4017	e c							Approximete interval Between Onset and Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEOU									
1	PART ti. Other significent condition					nderlying	g ceuse given in	Part I.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	ENVIRONMENTS	C HYPE	RTHER	MID				_	1 D YES 2	\$ NO	6	COMPLETION OF CAUSE OF CEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF OEATN (Ch	eck only on				
HYSI	1X YES 2 NO  27. MANNER OF DEATN		ER/Outpetient 3 [				e 5 Rasidence			NJURY OCCUR		
ВУ Р	1 Netural 5 Pending 2 PAccident Investigation	(Month, D		19: C	5 M	WO	PK7	D-	r +1	me.	ED	
	3 Suicide 8 Could not be 4 Homicide determined	building.	FINJURY — At home etc. (Specify)			tory, office		281. LOC City 309	ATION (Street of Town, State)	ond Number or	Rural Roo	Ho Md
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSH one)  2 MEDICAL EXAMINE	CIAN: To the beat of R: On the basis of ea	my knowledge, deat	th occurre	d at the	time, data	and place, end due	to the cau	se(s) end man	ner es stated. d due to the c	suse(s)	and manner es atated.
BE	294 WIGHATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI	MBER		29d. DATE S	GNED (	Month, Dey, Year) - 1993
2	30. NAME ANO ADDRESS OF PERSON WHO	COMPLETED ONLY					U.U.M	• <u>Li</u>		- 00-	04	- 1990

D. KORFW My 111 Penn Street, Baltimore, Maryland

WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

whie Davidson

21201

1 _ STATE	
REGIST	RAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR NONTH DAY YEAR	IME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH / B. BIRTHPLAC	E (State or Foreign
1)	MONTHS DAYS HOURS MAN (Month, Day, Year) Country)	n Carolina
~	9a. FACILITY NAME [II not institution, give street and number] 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	
5	DRATON Speciality Hospita Baltimore Baltim	ore
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.	INSIDE CITY LIMITS?
	A. STORET AND ANNUARS	YES 2 NO
FUNERAL	14.00 E MADISON CIDEL ACT 510	
ON	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No. — 14. RACE — A	merican Indian,
BY F	1 Never Married 2 Married   FORCES? 1 YES 2 NO   If yes, specify Cuben, Mexican, Puerto Rican, etc.)   Black, Whi   Specify:   BLAC	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	_
	Elementary/Secondary (0-12) College (1-4 or 5+) ife. Do NOT use retired.)	
COMPLETED	12 IH HOUSE KEEPING HOSPITAL  17. FATHER'S NAME (First, Middle, Maiden Surname)	
BE C	BOISY PRATT MARTHA PRATT	
10 8	19th. INFORMANT'S NAME (Type/Print)  19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
	200 METHOD OF DISPOSITION	10L0
	20s. METHOD OF DISPOSITION  1 \( \tilde{\text{Burles}} \) 20s. PLACE AND DATE OF DISPOSITION (Name of the properties) of the representation 3 \( \text{Removal from State} \) 20s. PLACE AND DATE OF DISPOSITION (Name of the properties) of the removal from State and Date of Disposition (Name of the properties) of the removal from State and Date of Disposition (Name of the properties) of the removal from State and Date of Disposition (Name of the properties) of the removal from State and Date of Disposition (Name of the properties) of the removal from State and Date of Disposition (Name of the properties) of the removal from State and Date of Disposition (Name of the properties) of the removal from State and Date of Disposition (Name of the properties) of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the pr	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	
	Tel V. Bolland WM. C. MARCH FH. 1101 E. NORT	HAV
	23. PART   Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Onset and Death
	disease or condition resulting in death)  a. Motastatic islan can can  DUE TO (DR AS A CONSEQUENCE OF):	4 months
Z	Sequentially list conditions,	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	
	CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):	
EH	resulting in death) LAST	
		E AUTOPSY FINDINGS ABLE PRIOR TO
DIC	LOVE 2 COM	PLETION OF CAUSE EATH?
PHYSICIAN: MEDICAL		YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
SIC	EXAMINER?  1   YES 2   AD   HOSPITAL: OTHER:  4   Nursing Home 5   Residence 6   Other (Specify)	
E	27. MANNER DF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED WORK?	
B	2 Accident Investigation 28s. PLACE OF INJURY — At home form street fectors office.	Umbar
COMPLETED	4 Momicide determined building, etc. (Specify)	vorriber,
PLE	29a, CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.	
§ S	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and	manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. D 37 4 58  296. D 37 4 58  296. D 37 4 58	th, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	7.5
1	31. DATE FILED (Month, Day, Year)  ALLC 0.5.1002	
0	AUG 0 5 1993 gelie Deviden Andrea	

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND			OF HEALTI		ENTA	REG. NO.		3	228	17
	- 8	1. DECEDENT'S NAME (First, Middle, Lest)  Madeleine H. Brago	3					2. DATE MONT	OF DEATH DAY	199	FAR	6.15 P	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	lest birthdely)	IPUNDER 1			7. DATE	OF BIRTH	8.		ACE (State or For	
Pin		216-03-0049  Se. FACILITY NAME (If not institution, give stre		YRS.				3	/11/19	11. Ma	ryla		
1, 2, 3 should	TOR	Howard County Gene				oww.om.Locx	TION OF DEA	тн		Howar		н	
permit. Pages 1,	DIRECTOR	10. STATE HOWAY HOWAY	d	10c. CIT	Y, TOWN OR	LOCATION						d. INSIDE CITY LIMITS?	
ısit permit	FUNERAL	100. STREET AND NUMBER 6336 Cedar Lane, A	pt. #317			101. ZIP CO	044					T COUNTRY?	NO
21215-0020 all or attending physician. for use as the burial-transit	BY FUNI		12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 VIF YES, GIVE WAR OR DATES	ARMED NO	lf y		OF HISPANK ban, Mexican,		I? (Specify Yes Rican, etc.)	or No- 14.	RACE — Black, W Specify:		M),
1215 or attend use as	윤	15. DECEDENT'S EDUCA (Specify only highest grade or	impleted)	(Give kind of	USUAL OCCI	UPATION ing most of work	tkina	16b	KIND OF BUSI		hite m		
(A = 5	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	‰ <i>∞ № ™</i> omema	se retired.)								
BALTIMORE, MARYLAND 2 - er death. Page 6 may be retained by the hospital of the funeral director, page 5 should be detached for val. il examiner must be notified at once.		17. FATHER'S NAME (First, Middle, Last) William Haertig				1000			Middle, Maiden S				
MARY retained b 5 should b notified	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (S		_:		ber, City or Town,		de)	-	
E, M be rel page 5:	F	Charles W. Bragg					ch Roa		Ellicot				3
BALTIMORE, after death. Page 6 may be y the hineral director, page noval.		1 X Burial 2 Cremation 3 Remov	al from State cametery, C	e and date	of disposition of the place of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of the Center of	on/Name of Netery		8/7		MOTE,		State	
LTIN sth. Pag neral di		21. SIGNATURE OF FUNERIAL SERVICE LICES	SEE F		22. NA	ME AND ADDR							
BA rs after de: n by the hu removal.	$\vdash$	23. PART I. Enter the diseases of co	a- raugn	un	58	95 Mai	in Str	eet	unera] Elkri	dge.	MD 2		
24 hour filled in the me		shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	PUMONO DUE TO (OR AS A CONS	re. ( \	Em	bolu		as care	nac or respir	atory arrest	•	Approxima Interval Be Onset and	etween
OS, P.O. BOX 68760, to death certificate be executed within the attending physician and completely Mental Hygiene prior to burial, crema liury, or other traumatic event,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE O	F):	aeti	ure					3de	ys
SS, lee deat the atte Mental		PART II. Other significant conditions	contributing to death but no	t resulting	in the unde	erlying ceuse	given in P	art i.	24a, WAS AN A	UTOPSY	24b. WE	RE AUTOPSY FII	NDINGS
VITAL RECORE  IAN: The law requires that the tifficate has been signed by the State Dept. of Health and by them 23 shows any in them 23 shows any in them 23 shows any in the state Dept.	MEDICAL							_	PERFORM		CO OF	MPLETION OF CO DEATH?  YES 2 X	AUSE
Z3 bet		25. WAS CASE REFERRED TO MEDICAL				00 PM 405 OF	DE 4711 601						
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate th s after death with the State D 28 is marked, or iftem	PHYSICIAN:		OSPITAL: Inpatient 2 ER/Outpatient	3 🗆 DOA	OTHER:	g Home 5 1							一
F 58 8 -	PH	27. MANNER OF DEATH  TANKURAL 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		IE OF 21	Ic. INJURY AT WORK?	,,, i	28d. DES	CRIBE HOW IN				
ISION OF TTENDING PHYSII TOR: After this or after death with 1 28 Is marked,	84	2 Accident Investigation	7-30-93  266. PLACE OF INJURY — At	home, farm,		1 YES 2			ECT FELL  ATION (Street ar				
DIVISION O OR ATTENDING PHY DIRECTOR: After this hours after death with Item 28 is marked	TEO	4 Homicide 6 Could not be	building, etc. (Specify)	HOME				City	or Town, State) ME AS #1				
DIV SPITAL OR A IERAL DIREC in 72 hours	COMPLETE		AN: To the best of my knowledge, On the basis of examination and/o		on, in my opin	nion, death occ					inàd(e) Su	d manner as si	tated.
TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	tat yeur	MELL	, hus	V U	CENSE NUMB		DS14.	5 3/2	175	onth, Day, Year)	
₽₽2₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (17		, Print)		177	UI.			111	2104	2
	. (	STEVEN GR	Her-MD 9	501	019	An	nap	olis	Rd	1113	ot	City	MO
4)	41	3AUG11911993 Ju	TO ENTO TOTAL STORY				•					•	



Chester,

RACE — American Indian, Black, White, atc.

**Black** 

Specify:

1 YES 2 NO

TIME OF DEATH 200

10d. INSIDE CITY
LIMITS?
1 YES 2 NO

N.C

4.

DIRECTOR

FUNERAL

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COMPLETED

BE notified

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medical

CERTIFICATION

PHYSICIAN: MEDICAL

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23

use as the burial-transit permit.

for

nours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

						_ ~ .			ned.	WO.		
JOHNNI		Bell	Sr						2. DATE OF DEATH	3	13	3. 1
SOCIAL SECURITY N	JMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	HPLA
<u> 18-03-186</u>	7	1 M 2 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	8-3-09	)	Count	he:
. FACILITY NAME (# ne	of institution, give	street and number)			9b. CITY	TOWN	OR LOCATI	ON OF D	EATH	9c. 0	OUNTY OF D	)EATH
Liberty					Ва	alti	more					
				,								
M. STATE	10b. COUNT	Υ		10c. CI7	Y, TOWN	R LOCA		-1+4	ma			10d

2 R Ma. Baltimore 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 2821 Winchester St. 21216 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 W NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 NO 1 Never Married 2 X Married It yes, specify Cuban, Mexican, Puarto Rice

1 YES 2 NO Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Steel Worker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Carrie 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Johnnie Bell 3101 Ferndale Ave Balto. Md. 21207 20a. METHOD OF DISPOSITION
1 XBuriat 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Pk. Cemetery King Mem. 8-9 Donation 5 Other (Specify) Balto. Md. 21. SIGNATURE OF FUNERIAL SERVICE LICEN

22. NAME AND ADDRESS OF FACILITY William C. Brown Community eu Funeral Home 1206 W. North Ave. Balto. Md. Louler 23. PART i. Enter the diseases, or complications that ceused tha death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate

shock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Myocarchel INFarction resulting in death) AS A CONSEQUENCE OF): potemien Sequentially list conditions, DUE TO (O AS A CONSEQUENCE OF

if any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

				_	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 1	HOSPITAL: 1 Enpetient 2 ER/Outpatient 3	DOA 4 Nu	26. PLACE OF DEATH (C/ R: rsing Home 5  Residence		
27. MANNEB OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c, INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCUR	ED

3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 6 Could not be 28t. LOCATION (Street and Number or Rural Route Number City or Town, State) 4 Homicide

CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 \_\_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

196. SIGNATURE AND TITLE OF CERTIFIER	dank my	29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
DEADMID OF	orange mil	127202	X-3-73

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

modical Center Ans

filled in by the funeral director, page 5 should be detached on, or removal. event, the attending physician and completely attending phorian and completely sites attended to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a secon traumatic other 0 e has been signed by the attend e Dept. of Health and Mental Hy m 23 shows any Injury, or Hem DIRECTOR: After this certificate hours after death with the State Item 28 is marked, or Item THE FUNERAL ( filed within 72 h IMPORTANT: II

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be accorded within 27 Four and completely find the property of the standing physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find the property of the property of the physician and Mental Hygiene prior to burier, companies, or mineral standard of the property of Health and Mental Hygiene prior to burier, companies or mental mental the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the physical property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	F DEATH DA	IV.	YEAR	3. TIME OF GEATH
. 1	ROSE	COSBY						/30/9		TEAR	(:15PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	215-09-6437	1 🗆 M 2 😿 F	87	YRS.	MONTHS DATE	HOURS MIN.		-08-0	5		IRGINIA
_	Se. FACILITY NAME (If not institution, give	street end number)			96. CITY, TOWN	OR LOCATION OF O	EATH		9c. COU	NTY OF D	
힏	3813 HARLEM AVE	<u> </u>			BALT	MORE					
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Y		10c CIT	Y, TOWN OR LOCA	TION					
E I	MD									ı	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			D	ALTIMOR	1. ZIP CODE				-	1 XYES 2 NO
N.	2012 HADTEM A	TIE			l "				100		VHAT COUNTRY?
FUNERAL	3813 HARLEM A		T EVER IN U.S. ARM	IED	13 WAS DE	21229 CENDENT OF HISPAI	NIC OBIOINS	OD M		.S.A	American Indian.
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE V	YES 2 V N	0	If yes, s	ecify Cuben, Maxico	m, Puerto Ric		or No-	Black	c, White, etc.
ВУ	3 Widowed 4 Divorced	W 125, GIVE V	AN ON DATES		1 U YES	2 X NO Specif	у:			Speci	R. AMERICAN
	15. DECEDENT'S EDU (Specify only highest grade	CATION Completed	16a. DEC	EOENT'S	USUAL OCCUPATI	ON	16b, K	IND OF BUS	INESS/IND		it. Inibitionit
91	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT u	work done during m se retired.)	ost or working					
A P											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mid	idle, Maiden	Surneme)		
H	JAMES WILLLS						WILLI				
6	19e. INFORMANT'S NAME (Type/Print)					and Number or Rural				Code)	-
-	GWENDOLYN MASON					AVE BALT	O. MD	2122	9		
	20e. METHOD OF DISPOSITION  1 W Burlet 2 Cremation 3 Herr	ioval from State	20b. PLACE A	ND DATE	DISPOSITION (N	ame of	OATE		CATION —	City or To	wn, State
	4 C Ognation 5 C Other (Spread)	CONTRACT TO	AKDU	LUGA	1			ARB	UTUS	MD	
	·	4 1/1-1	1-1/11	1	71	ND ACCRESS OF FA		NERAL	HOM	E P.	Α.
_	Lugarett !	Strong	The be	1	1300	EUTAW P	T.ACE	BAT.TO	MD	212	
-	23. PART I Enter the diseases, or shock, or heart failure.	complications the	t gaused the dea	th Bo i	not enter the mo	de of dying, suc	h es cerdie	c or respi	ratory err	est,	Approximate
- 1	IMMEDIATE CAUSE (Final		1	M			1				Interval Between Onset and Death
- 1	displace or condition ——		ACCURE	17	YveA	NOIA	1	NEA	RCT	100	1 hrs
-A		DUE TO									
8	Sequentisity list conditions,	b	14 17	721	ENSIL	12 1				_	390
A I	if any, isading to immediate cause. Enter UNDERLYING	002 10	GROLF	n. A.	ry: - ( > = = = = = = = = = = = = = = = = = =	BAT	ENID.	501	5nu	5	110 1
윤	CAUSE (Disesse or injury that initiated events	c. DUE TO	(OR AS A CONSEC			15821	0 - 0   -				10 th
CERTIFICATION	resulting in death) LAST	4			,						İ
빙		0.									
DICAL	PART II. Other eignificent condition	s contributing to	deeth but not re	euiting	in the underlyin	g ceuee given in	Pert i. 24	ta, WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8 1							1	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
E I									Λ		1   YE\$ 2   NO
ä											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	ACE OF OEATH (Ch	eck only one)				
YSI	1 VES 2 NO	1 - Inpatient 2 -	ER/Outpatient 3	DOA		e 5 Rasidence	8 Other (S	Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, De		28b. TIM INJ	E OF 28c, IN.	URY AT	28d. DEŞCR	NIBE HOW IN	JURY OCC	UREO	
à I	2 Accident Investigation	20 51125		-	M 1 🗆						
ш ј	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At horr atc. (Specify)	e, farm, s	street, factory, offic			ON (Street a Town, State)	nd Number	or Rural R	oute Number,
	20. CERTIFIED										
		CIAN: To the beat of									
COMPLETED	(Check only one) 1 CERTIFYING PHYSICAL EXAMINE	R: On the beals of an	amination end/or in	vestigatio	n, in my opinion, o	eath occured at the	ilme, date en	d place, and	due to th	e cause(s)	
COMPLETED	(Check only one) 1 CERTIFYING PHYSICAL EXAMINE	R: On the beals of an	amination end/or in	vestigatio	n, in my opinion, o	eath occured at the	ilme, date en	d place, and	due to th	e cause(s)	
COMPLETED	(Check only one) 1 CERTIFYING PHYSICAL EXAMINE	R: On the beals of an	amination end/or in	vestigatio	n, in my opinion, o	eath occured at the	ilme, date en	d place, and	due to th	e cause(s)	
COMPLETED	(Check only one) 1 CERTIFYING PHYSICAL EXAMINE	R: On the beals of an	amination end/or in	vestigatio	n, in my opinion, o	eath occured at the	ilme, date en	d place, and	due to th	e cause(s)	
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	COMPLETED CAUS	amination end/or in	vestigatio	n, in my opinion, o	eath occured at the	ilme, date en	d place, and	due to th	e cause(s)	

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_	1 - STATE REGISTRAR	STATE OF MANTE		CATE OF		MENTAL HYGIENE REG. NO.		22020
	1. DECEDENT'S NAME (First, Middle, Last) EDWARD CIE	BOROSKI				2. DATE OF DEATH DAY	YEAR P3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 188-01-3810	1 <b>2 1 2 2 1 3 1 2 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 1 3 1 1 3 1 1 1 1 1 1 1 1 1 1</b>	-	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/19/14	Cou	THPLACE (State or Foreign intry) Pa
OB	9a. FACILITY NAME (If not institution, give str HARBOR HOSPITAL				MORE CI	ATH	SC. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  MD  10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	VER STREET			ZIP CODE	21230	*	1 X XYES 2 □ NO  WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS  1 Never Married 2X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	If yes, sp	ENDENT OF HISPAN Helfy Cuban, Mexical 2 X YO Specify	IIC ORIGIN? (Specify Yes or n, Puerto Rican, etc.)	Bio	CE — American Indian, ick, White, atc.
TED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S U		N .	16b. KIND OF BUSIN		ec#y: WHITE
COMPLET	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5 +)	life. Do NOT use	WELDER	or or working		RAL MOOTIV	
BE CO	17. FATHER'S NAME (First, Middle, Last) SEVERN CIBORO	SKI			LYDIA	ME (First, Middle, Meiden Su UNKNOWN	)	
2	19a. INFORMANT'S NAME (Type/Print) THERESA K. CIBO	ROSKI				REET, BAL		E, MD 21230
	20a, METHOD OF DISPOSITION   Description   March   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Descrip	val from State cem	PLACE AND DATE OF BLEN HAV	er place)	ne of ETERY	1 - 4 -	TION — City or YLAND	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ensee	de	CHAR		STEVENS F		HOME, INC
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A	COMSEQUENCE OF):	d A	Lelomina	l dorti	- ani	Onset and Death
MEDICAL	PART II. Other significant conditions	contributing to death be	at not resulting in	tha undariying	csuse given in	Part I. 24s. WAS AN AU PERFORME 1 YES 2	ED?	No. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 ☑ Inputient 2 ☐ ER/Output		THER:	ACE OF DEATH (Che			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJI		8 U Other (Specify)  28d. DE\$CRIBE HOW INJU	URY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, str			281. LOCATION (Street and City or Town, State)	Number or Rura	I Route Number,
COMPLETED		IAN: To the best of my knowle						VS) and manner or stated
8	29b. SIGNATURE AND TITLE OF CERTIFIER	- SAMSON		1 0 0 0 0 0 0				(-) and mental as stated.
TO BE	30 NAME AND ADDRESS OF PERSON WITH	Chung COMPLETED CAUSE OF DEA	C.M	on	10 2 4	076	S/4	(Month, Day, Year)

mit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use a new filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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NG P	fter th	eath v	mont
A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours man committee 6 may be retained by the hospital or attending physicis	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerial director, page 5 should be detached for use as the burial-transit permit. Pages	ter de	DOCTANT. If He marked or Ham 22 shows any injury or other transmits arent the much as much be mattered as any
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OSPI	UNER	thin	S.M.T.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RIMENT OF COATE O	HEALTH A	ND ME	NTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH		3. TIME OF DEATH
	Ann C. Clarke						7 3		10:05 A M
			(In yrs. last birthday)	IF UNDER 1 YEAR			DATE OF BIRTH (Month, Day, Year)	8. BIR	TTNPLACE (State or Foreign untry)
1		□ M 2 🕱 F   88	YRS.	MONTHS DAY	HOURS		11/12/04		ltimore
œ	9a. FACILITY NAME (If not institution, give street	t and number)			OR LOCATION			9c. COUNTY OF	OEATN
DIRECTOR	Broadmead RESIDENCE OF DECEDENT			Cockey	sville			Balti	more
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY
	Md. Balti	more	Co	ckeysvi	111e				LIMITS?
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN OF	F WHAT COUNTRY?
Ä	13801 York Road				21030			Unite	d States
F	11. MARITAL STATUS 12  1 Never Married 2 Married	2. WAS DECEDENT EVER III FORCES? 1 YES					PRIGIN? (Specify Yes	or No- 14. RA	ICE — American Indian, ack, White, etc.
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		ES 2 X NO		, ,	Sp	White
ED	15. DECEDENT'S EOUCAT	ION	16a. DECEDENT'S	USUAL OCCUPA	TION		16b, KINO OF BUS	I SINESS/INDUSTRY	
ET	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during . se retired.)	most of working				
MPL									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	'S NAME (	First, Middle, Malden	Sumame)	
BE (	George Robert Cart	tee			Katl	heri	ne G. McC	Coy	
0	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or	Rural Route	Number, City or Tow	n, State, Zip Code)	
1	20a. METHOD OF DISPOSITION  1  Burlel 2 Cremation 3 Ramova		PLACE AND DATE		Name of			CATION — City or	
	4 Disponstion 5 Other (Specify)	SEE /	-	Ana 22 NAME	AND ADDRESS	oard	655	W. Balt	imore St.
	1. 100	1	65						
_	docpt 10. ls	- Jens					e St. RM		Balt. Md.
	23. PART I. Enter the diseases, or com shock, or heart failure. Lis	plications that caused t only one cause on a	the death. Do i	not enter the n	node of dying	, such as	cardiac or reapi	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final								IIIII ASI DELMESII
		TOLK 1	/m	01.	0.1		(		Onset and Death
	disease or condition resulting in death)	Jeff J	CONSEQUENCE O	lolee	pre	m	na		
7	disease or condition	Jeff J Demons A	CONSEQUENCE Q	lolee	prei	me	na		
NOIL	disease or condition resulting in death)  a Sequentially list conditions,	Dement	CONSEQUENCE O	r);	1				Onset and Death
CATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Dement	in	r);	1		ria	disian	Onset and Death
LIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Dement Oylero 100 AS A	in	ni Tie Ce	1			disian	Onset and Death
ERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Dement Oylero 100 AS A	CONSEQUENCE O	ni Tie Ce	1			disias	Onset and Death
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	n: Lic Ce	nde	no	sedon		Onset and Death
A	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	n: Lic Ce	nde	no	11. 24s. WAS AN PERFOR	AUTOPSY 2-	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Purs after death. Page 6 may be retained by	the second physical process. The this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should to	has then weren 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
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4. SOCIAL SECURITY NUM	SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. las.		IF UNDER 1 YEAR MONTHS DAYS	YEAR IF UNDER 24 HRS.		7 DATE OF BIRTH				THPLACE (Intry) MD	State or Foreign
212-46-58 90. FACILITY NAME (# not			10		9b. CITY, TOWN	OR LOCATIO	ON OF DE	(Month, Day, Year) 6/15/46			COUNTY OF DEATH		
1830 Walnut Ave.					Dundalk				Baltimore			e	
RESIDENCE OF DE	10b. COUNT	Υ	10c. CITY, TOWN OR LOCATION								SIDE CITY		
MD	Ba	Baltimore Dundalk				LIMITS?							
10e. STREET AND NUMBE						101. ZIP CODE					10g. CITIZEN OF WHAT COUNT		
1830 Walr	nut Ave.					21222				J	J.S.	. A .	
11, MARITAL STATUS  1 Never Married 2 3  3 Wildowed 4 Di		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	RMED NO	If yes, e	WAS DECENDENT OF HISPANIC OI If yea, epecify Cuben, Mexican, Pu 1 YES 2 NO Specify:		n, Puerto I	C ORIGIN? (Specify Yee or No—, Puerto Ricen, etc.)		14. RACE — American Indian, Black, White, etc. Specify: White		ricen Indien, etc.	
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Robert Cr						16. MOTHER'S NAME (First, Middle, Malder Margaret			n Surname;				
198. INFORMANT'S NAME			19b. MAILING ADDRESS (Street and Number or Rura										
Christine	e Crow	е		1830	Walnu	t Av	e.	Bal	Ltimo	re.	MD	212	22_
20e METHOD OF DISPOS  1 Burtel 2 Crema: 4 Donetion 5 Oth  21, SIGNATURE OF FUNEF	tion 3 - Rem ner (Specify)		other p	place)	n Cem.			8/2		cation – ltin		Town, State	
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AUE.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

J. C. O'DONOVAN, 2112 DUNDA UNDALK

31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE reha Davida

21222 Mi

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARY		ICATE C			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Cook		74		2	north -3 da	93	EAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 180-14-1591	5. SEX 6. AG	(In yrs. lest birthday)  90 YRS.	MONTHS DAY		R 24 HRS. 7	Manth, Day, Mari		BIRTHPLACE (State or Foreign Coluntry)	
1	96 FACILITY NAME (If not institution, give st	pariaty	ć ·	Ba	N OR LOCAT	OT Q	Н	9c. COUNTY	OF DEATH	
DIR	10a. STATE 10b. COUNTY		10c. Cl	BC IT	CATION	0,			10d. INSIDE CITY LIMITS? 1 NES 2 NO	
FUNERAL	104. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  1702 MM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								S. A	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 TO If YES, apecify Cuben, Maxica I Yes, apecify Cuben, Maxica I YES 2 TAO Specify									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  16b. KIND OF BUSINESS/INDUSTRY									
BE CON	17. FATHER'S NAME (First, Middle, Lest)  To hev F,	Cook			16. MOT	ner's NAME	(First, Middle, Maiden	Surname)		
TO E	19a. INFORMANT'S NAME (Type/Print)  Samuel F. Co  20a. METHOD OF DISPOSITION	ock Sr	170	2 m	orela	er or Aurel Rou Wal	Ave BA	Aim	4, md. 2121	
	1 KBuriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from Stale	of cempetary, cremetor	y or other place)	meter	4 8	9-93 BA	LA mar	or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE SEE		Alb.	AND ADDRI	EST OF FACIL	638 NIC		TISIS ISONITE	
	23. PART I. Entar the diseases, or conditional that caused the death. DD not enter the mode of dying, such as cardiac or respiratory arrest, ahook, or heart failure, list only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d.									
MEDICAL C	PART II. Other algnificant condition	a contributing to death	but not resulting	in the undar	ying cause	given in Pr	PERFOR	RMED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
YSIC	1 🗆 YES 2 🖫 NO	1 M Inpatient 2 ER/0					Other (Specify)			
ву РН	27. MANNEB OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea		JURY	. INJURY AT WORK?		28d. DEŞCRIBE HOW I	NJURY OCCUP	RED	
ED	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number; City or Town, State)								Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIE	m.D.	- 1		29c. LII	CENSE NUMB	ER 217	29d. DATE S	IGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WAS SUNIL. RAJAN	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty)	Helile	wa	eriat	ric ctr	f He	spital.	
5	31. DATE FILED (Month, Day, Year) ALIG 0 5 1993	32. REGISTRAR'S S		2434	Bel	vede	re aua	Bult	spital.	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cemation, or removal.  IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)	,				2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH			
	HARRY D	ly		8		3 8 A M					
	4. SOCIAL SECURITY NUMBER 578-16-7650	1 🖾 M 2 🗆 F	79 YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 11-19-1	3 W	BIRTHPLACE (State or Foreign Country) ashington, DC			
TOR	9a. FACILITY NAME (If not institution, give st Anne Arundel Me			Annar	olis	EATH		ne Arundel			
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY MD Ann		10d. INSIDE CITY LIMITS?								
AL I	10e. STREET AND NUMBER		1 YES 2 NO								
IER.	226 Oakwood Road				21037 USA						
B⊀	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES WWTT				WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1 VES 2 NO Specify:  White, etc.  Specify: White						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done durina mo:			usiness/indus				
M	17. FATHER'S NAME (First, Middle, Last)		Driver					9			
	Eugene A. Daly					ME (First, Middle, Maide BEall	n Sumame)				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a		Route Number, City or To	wn, State, Zip Co	ode)			
2	Ruth B. Nash Da	aly				Edgewat					
	20e. METNOD OF DISPOSITION 2 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State cem	PLACE AND DATE OF DI	lecel .				y or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICE		eterans (		D ADDRESS OF FA	CILITY		ham, MD			
	1 Amarak	March	+ 11			ineral H					
	23. PART I. Enter the diseases, or co	omplications that caused	d the death. Do not e	nter the mo	lagely de of dving, suc	AVE. An	napoli	t.   Approximate			
	shock, or heart feliure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one ceuse on e	ech line.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Interval Between Onset and Death			
_		DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, laading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
ICA	CAUSE (Disease or Injury	BUE TO YOU AS									
Ē	that initiated events resulting in death) LAST	DOE TO (OR AS A	CONSEQUENCE OF):								
	d										
BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in which is a significant conditions. Tallaccus						Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. 1				
Σ						_		1 NES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATN (Ch	eck only one)					
/SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		HER: Nursing Nome	5 Residence	6 Other (Specify)					
H H	27. MANNER OF DEATN  1 Naturel 5 Periding	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU		28d. DESCRIBE NOW	INJURY OCCUP	RED			
	2 Accident Investigation	26e. PLACE OF IN HIRV	200 1 000 700 1 000 1								
TED	3 Suicide 4 Homicide  6 Could not be determined  6 Could not be determined  26e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)  26e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)										
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
BEC	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUR	ABER	T	IGNED (Month, Day, Year)			
TO B	www walky				12470	8	1 8	15/53			
0.	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print	)							
4	AUG 05 1993	The Day Con-h	ATURE ONDER								



1 -	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. I	NO.	
	1. DECEDENT'S NAME (First, Middle, Lust)	Dickey			<del></del>	2. DATE OF DEATH	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-78-6184	5. SEX   8. AGE (A	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	1 7	BIRTHPLACE (State or Foreign Country) M 1)
CTOR	90. FACILITY NAME (If not institution, give st FSR PARU 5.	treet end number)	N AVE	BOLLT	MONE			Y OF DEATH
DIREC	10a. STATE 10b. COUNTY	,		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? YES 2 \( \square\) NO
FUNERAL	100. STREET AND NUMBER 1008 Ed moy	ndson A	IVE		21217			N OF WHAT COUNTRY?
BY FUI	11. MARITAL STATUS  1  Never Married 2 Married  3  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 X NO Specif	NIC ORIGIN? (Specify an, Puerto Rican, etc.) y:	Yes or No- 14	4. RACE — American Indian, Black, White, etc. Specify:
LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	Me. Do NOT us	vork done during mo e retired.)	ON st of working	16b. KIND OF	BUSINESS/INDUS	
E COMPL	17. FATHER'S NAME (First, Middle, Last)  Jim Curtis Sco	ott	Unempl	oyed		ME (First, Middle, Mail	den Surname) ickey	
TO B	Betty Dickey					Aoute Number, City or		
	20a. METHOD OF DISPOSITION 1 Grant Buriel 2 Comment Specify 4 Donation 5 Other (Specify)	oval from State	PLACE AND DATE O	her place) E ill a t o r	nme of	1	tonsvi	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE D . /	m			rown Jr timore		ral Home P.
CERTIFICATION	IMMEDIATE CAUSE (Final	DUE TO (OR AS A	CONSEQUENCE OF	s de hie	iny :	iyada.		Interval Between Onset and Death
	PART II. Other algnificent condition	a contributing to deeth bu	it not resulting i	n the underlying	cause given in	Part I. 24a, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
: MEDICAL						PER	FORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	ACE OF DEATH (Ch			
BY PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpetient 2 ER/Outpa 28e. DATE OF INJURY (Month, Day, Year)	26b, TIM	E OF 28c. INJ		8 Other (Specify)  28d. DESCRIBE HO	W INJURY OCCU	RED
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, s	treet, fectory, offic	•	281. LOCATION (Str. City or Town, St	eet and Number or ate)	Rurel Route Number,
O BE COMPLETED		CIAN: To the best of my knowle R: On the basis of examination						ceuse(e) end manner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIES		^0		29c. LICENSE NUI	RESEN	29d. DATE \$	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHI	Cheeve	~, ^	Print)	John, H	booking t	trict,	Bellinese
14	AUG 0 5 1993	32. BEGISTRAR'S SIGNA	n-Abrolate					

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**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

22026 00

8. SOCIAL SECURITY NUMBER  213 *** 09 *** 2474  18. FACILITY NAME (if not institution, give a Francis Scott Ke RESIDENCE OF DECEDENT  100. STATE  100. COUNT  MATYLAND  100. STREET AND NUMBER  7738 SOUTH COUE  11. MARITAL STATUS  1 Never Married 2 Married  15. DECEDENT'S EDU  (Specify only highest grade  Elementary/Secondary (0-12)  77 FATHER'S NAME (First, Middle, Last)	Treet and number)  Ly Medical Cer  Baltimore  Road  12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	yrs. lest birthday)  YRS.  10c. CT	MONTHS (	OWN OR LOCA	ATION OF DEA	у	9. COUNTY	10d. INSIDE CITY
213 as 09 as 2474  Be. FACILITY NAME (If not Institution, give a Francis Scott Kenesidence of Decedent 10a. STATE 10b. COUNT Maryland 10b. STREET AND NUMBER 7738 South Cove 11. MARITAL STATUS 1 Newer Married 2 Married 15. Decedent 15. Decedent 15. Decedent 15. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Decedent 16. Dece	Treet and number)  Ly Medical Cer  Baltimore  Road  12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	YRS.  IDC. CN  J.S. ARMED 2 ∑NO	96. CITY, TO	DWN OR LOCATION	ATION OF DEA	6217-19 yrh y	00	County and of DEATH  10d. INSIDE CITY LIMITS?
Francis Scott Kernesidence of Decedent  Na. State Maryland  No. Street and Number  7738 South Cove  11. Marital Status   Never Married 2   Married   Wildowed 4   Divorced  15. Decedent's Edu (Specify only highest grade  Elementary/Secondary (0-12)  7THGrade	Baltimore  Road  12. WAS DECEDENT EVER IN 1 FORCES? 1   YES IF YES, GIVE WAR OR DAT	J.S. ARMED	Ва	Ltimo/	e Cit Edgem	у	9c. COUNTY	10d. INSIDE CITY
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  10c. STREET AND NUMBER  7738 SOUTH COVE  11. MARITAL STATUS  1 Never Married 2 Married  15. DECEDENT'S EDU  (Specify only highest grade  Elementary/Secondary (0-12)  7THGTAGE	Baltimore  Road  12. Was decedent ever in 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	J.S. ARMED		LOCATION	Edgem		.1	LIMITS?
17.38 South Cove  11. MARITAL STATUS    Newer Married 2   Married    Wildowed 4   Divorced  15. DECEDENT'S EDU (Specify only highest grade  Elementary/Secondary (0-12)  7THGHAGE	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO		10f. ZIP CO	205			I a C week a CO wa
11. MARITAL STATUS    Never Married 2 Married     Widowed 4 Divorced     15. DECEDENT'S EDU (Specify only highest grade     Elementary/Secondary (0-12)     17 HGHAGE	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO		1		219		1 - YES 2 1 NO N OF WHAT COUNTRY? United States
(Specify only highest grade Elementary/Secondary (0-12) 7THGHAAC			If y		ban, Mexican	C ORIGIN? (Specify Ye, Puerto Rican, etc.)	e or No.— 14.	Black, White, etc. Specify:  White
7THGrade		Give kind of	S USUAL OCC: work done dur	UPATION ing most of wo	rking	16b. KIND OF BU	SINESS/INDUS	
I. PATRIER S NAME (FIRST, MIDDIE, LIST)	College (1-4 or 5+)		omemak	er			n Home	
Samuel Scott Pu	ıah					E (First, Middle, Maiden Ell Sterl		
9a. INFORMANT'S NAME (Type/Print)						oute Number, City or Tox		
Edwin H. Dotter	205.5				oad V	undalk, M		
l 🖒 Burial 2 🗆 Cremation 3 🗆 Rem					8/3	/93 C		Maryland
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE CONSEQUENCE CO	SON			N/C	vrest when I	Oneet and Death
PART II. Other eignificent condition  (2) Im. Fx  Gr T	is contributing to death but	t not reculting	in the unde	rlying caus	e given in F	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO
EXAMINER?	HOSPITAL:			28. PLACE OF	OEATH (Che	ck only one)		
1 VES 2 NO	1 ☐ Inpatient 2 ☐ ER/Outpat		4 Nursin				INJURY OCCUR	REO.
1 Natural 5 Pending Investigation	(Month, Day, Year)	IN	JURY	WORK?	_			
3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJURY = building, etc. (Specify	- At home, ferm,	street, factory	, office		261. LOCATION (Street City or Town, State	and Number or .	Rural Route Number,
(Check only								
		indor investigati	on, in my opir				T	
Will	ATTEND	2		D.	043	83	▶87	IGNED (Month, Day, Year)
O. NAME AND ADDRESS OF PERSON WH	naughte t				m.			CTR 21224
AUG (1) 1993	32. REGISTRAR'S SIGNAT							
14 M	1 Surial 2 Cremation 3 Rem 6 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC  22. PART I. Enter the disease, or a shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF OEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE DE CENTIFIER  29b. SIGNATURE AND TITLE DE CENTIFIER  29c. NAME AND ADDRESS OPERSON WH	23. PART I. Enter the diseases, or complications that ceused is shock, or heart fellure. Liet only one cause or each immediate cause. Enter UNDERIVING CAUSE (Finel disease or condition resulting in death)  PART II. Other algnificent conditions contributing to death but cause in this initiated events resulting in death)  PART II. Other algnificent conditions contributing to death but cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Enter UNDERIVING cause. Examiner:  1	A Donation 5 Other (Specify)  21. SIGNATURE OF FUNDRAL SERVICE LICENSEE  22. PART I. Enter the diseases, or complications that cause the death. Do shock, or heert fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  23. PART II. Enter the diseases, or complications that cause on each line.  IMMEDIATE CAUSE (Finel disease or conditions are conditions on the cause on each line.  IMMEDIATE CAUSE (Finel disease or conditions are cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE of the cause. Enter UNDERLYING conditions contributing to death but not reculting that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE of the cause of the cause of the cause. 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Separate 2 □ Cremetton 3 □ Removal from State  4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF EUNBRAL SERVICE LICENSEE  22. NAME AND ADDI  23. PART I. Enter the diseases, or complications that cause of each line.  24. NAME AND ADDI  25. SIGNATURE OF EUNBRAL SERVICE LICENSEE  26. NAME AND ADDI  27. MAINTER CAUSE (Finel diseases or condition resulting in death)  28. PART II. Other algnificent conditions contributing to death but not reculting in the underlying cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  28. WAS CASE REFERREO TO MEDICAL EXAMINER?  29. CAMINER?  1 □ YES 2 □ NO  27. MANNER OF OEATH  1 □ Matural  28. DATE OF INJURY At home, farm, street, factory, office building, etc. (Specify)  28. PLACE OF INJURY At home, farm, street, factory, office  29. LICENTER ON WHO COMPLETED CAUSE OF DEATH (ITEM27) (Type, Prim) Johns III.  29. LICENTER OF DEATH (Check only only 2 □ MEDICAL EXAMINER: On the basia of axemination and/or investigation, in my opinion, death ocurred at the time, date and place of the condition of the passage of the primary of the condition, in my opinion, death ocurred at the time, date and place of the condition of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of th	19 Burla! 2 Commetton 3 Removal from State    A Donastion 5 Other (Specify)   EDC/12 C/T UMCCL Meth. 8/3   21. SIGNATURE OF FUNGRAL SETRICE LICENSEE   22. NAME AND ADDRESS OF FACT DUCIDADE RUCCL FUNGRAL SETRICE LICENSEE   22. NAME AND ADDRESS OF FACT DUCIDADE RUCCL FUNGRAL SETRICE LICENSEE   22. NAME AND ADDRESS OF FACT DUCIDADE RUCCL FUNGRAL SETRICE LICENSEE   22. NAME AND ADDRESS OF FACT DUCIDADE RUCCL FUNGRAL SETRICE LICENSEE   22. NAME AND ADDRESS OF FACT DUCIDADE RUCCL FUNGRAL SETRICE LICENSEE   22. NAME AND ADDRESS OF FACT DUCIDADE RUCCL FUNGRAL SETRICE LICENSEE   22. NAME AND ADDRESS OF FACT DUCIDADE RUCCL FUNGRAL SETRICE LICENSEE   22. NAME AND ADDRESS OF FACT DUCIDADE RUCCL FUNGRAL SETRICE LICENSEE   22. NAME AND ADDRESS OF FACT DUCIDADE RUCCL FUNGRAL SETRICE LICENSEE   22. 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Cityer alignificent conditions, cause. Enter INDUERTHING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other alignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. 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ONCE. notified at 9 must examiner the attending physician and completely filled in by the Mental Hyglene prior to burial, cremation, or removal. cremation, or removal, event, traumatic other 0 shows any injury, signed by the t. of I State Dept. c certificate h h the State [ d, or Item After this ce death with ti marked, After death DIRECTOR: Af hours after de liem 28 is r TO THE HOSPITAL D
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If Its

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 8 1 DAY .93 YEAR ELLIOTT GAURILI 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH 4578 (Month, Day, Year) 3-25-12 196 16 1 X M 2 - F HOURS 81 YRS. Greece 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMONE VAM L DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 1 YES 2 | NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 2 1224 10g. CITIZEN OF WHAT COUNTRY? 828 Tolna Street U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— H was anactiv Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 YES 2X NO Specify: BY Specify: White 3 Widowed 4 Divorced WW II COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY during most of working intery/Secondary (0-12) College (1-4 or 5+) Painting Contractor 5th Commercial Painting 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Nicholas Gavrilis Xanthy BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 828 Tolna Street, Baltimore, Md. 21224 Mrs. Mary Gavrilis 20a METHOD OF DISPOSITION
1 🖰 Burial 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Oak Lawn Cemetery 4 Donation 5 Other (Specify) Baltimore, Md. 21. SIGNATUBE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224 23. PART I. Enter the disessea, or complications that ceused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition ELECTROMECHANICAL DIASSOCIATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): my or ansign infranction (Possible) ACUTE MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO EMPHYJEMA COMPLETION OF CAUSE 1 YES 2 NO mellit 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 5XAMMER? 1 YES 2 NO 27. MANNER OF DEATH HOSPITAL: 1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Return 5 Pending Investigation B 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER
(Check only one)

1 CERTIFING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated 29b. SIGNATURE AND ATITUE OF BERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H O'MA/les 8/1193 740 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print 3 BARTO. 22 S. Greene VAMC BALTO, mo 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AUG 0 5 Julie Savids 1993

VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTRIBUTED TO THE FUNERAL DIRECTOR DE fied within 72 hours.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

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	-1	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. le	et birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	IRTH		8. BIRTH	PLACE (State or Fore	nign
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		20a. METHOD OF DISPOSIT			20b. PLACE				ime of		OATE	20c. LOC	ATION —	City or To	wn, State	
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/	1	23. PART I. Enter the d	iseases, or o	complications the	caused the de	eath. Do	not enter	the mo	de of dyli	ng, such	as cardiac	or respir	atory arr	rest,	Approximat	te
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 15 - 03-3743 1 M 2 AF 8 WATTHS DAYS HOURS MIN. O 8-26-06 MAR'  9a. FACILITY NAME (If not institution, give street and number)  HARFORD MEM.  Country of D  HARFORD MEM.	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lisst birthday)  F UNDER 1 YEAR  F UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  Se. COUNTY OF D  9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF D	
2 15 - 03 - 3743 1 M 2 RF 86 YRS. MONTHS DAYS HOURS MM. (Month, Day, Year)  9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF D	*PLACE (State or Formion
9a. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF D	(ערו
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION	
MARYLAND HARFORD CO.	10d. INSIDE CITY LIMITS?
	1 YES 2 NO
514 S. POTOMAC STREET 21224 USA	THE COUNTY
To. STREET AND NUMBER  109. CITIZEN OF V  2 12 2 4  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 2 NO  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 14. RACE Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Black Bl	E — American Indian, k. White, etc.
IF VED ONE MAD ON DATE	AITE
	TIE.
(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)	
8 YEARS HOMEMAKER	
77. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)	
STANISLAUS KUREK  MICHILINE DRASZKIEW:  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Burni Route Number City or Town, State, Zio Code)	ICZ
196. INFORMANT'S NAME (Type/Print)  MRS. SONIA HARTMAN  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  502 ROBIN HOOD ROAD HAVRE DE GRACE	01070
20a, METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION // COATE 20c LOCATION Character	
1   Nauriel 2   Cremation 3   Removal from State   Cemelery oremation of Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitu	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  KACZURUWSKI FUNERAL HOME	
2525 FLEET ST. BALTO. MD. 2	21224
23. PART if Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock or heart feliure. List only one cause on each line.	Approximata
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  LULA CAUSE (Disease or injury that initiated events resulting in death) LAST  LULA CAUSE (Disease or injury that initiated events resulting in death) LAST	
PART ii Other significant conditions contribution to dooth but not applied to the	WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 DYNO
U EXAMINERY HOSEITAL: OTHER:	
27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY AT MADE 2	
m 2 Accident Investigation M 1 YES 2 NO	
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)	loute Number,
29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner as stated.  (Check only one)  2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e)	
One) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the pause(e)	) end menner ee stated
29b. SIGNATURE NO TITLE OF CERTIFIER 29d. DATE SIGNED	Month, Day, Year)
1020337 17/31/	63
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31-DATE PILED (NEICH), Day, Year) 32. REGISTRAR'S SIGNATURE	70

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)		John G. Gick, Sr		1			Z. DATE OF	PAY	AEVB	O 45 A
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTHPL	2:45: A ACE (State or Foreign
P		216-05-3484	1 1 M 2 D F 7	5 / YRS.	MONTHS DAYS	HOURS MIN.	7/28/	1918	Mary	land,
3 should	_	9a. FACILITY NAME (If not institution, give s	street and number)		96. CITY, TOWN	OR LOCATION OF D			NTY OF DEAT	
ci .	DIRECTOR	St. Agnes Hospit	al		Baltim	ore				
ges 1	EC.	10a. STATE 10b. COUNT	Υ	10c, CI1	TY, TOWN OR LOC	ATION			16	0d. INSIDE CITY
. <u>;;</u>	1	Maryland Howa	rd						1	LIMITS?
T bert	FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?
an. Transit	NE	6708 Handley Driv				21227			USA	
ding physician. the burial-transit permit, Pages 1,	В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexico ES 2 NO Specif	an, Puerto Rica	pecify Yes or No— n, etc.)	Black, V	American Indian, White, atc. Vhite
aftend ise as	ED	15. DECEDENT'S EDU (Specify only highest grade			USUAL OCCUPATION Work done during it		16b. KII	ID OF BUSINESS/IND		
ospital or hed for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Salesma	ise retired.)	nost of working				
detach once.	ő	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Midd	le, Maiden Surname)		
ed by	BE	Adam Gick				Barbara				
5 should	2	19a. INFORMANT'S NAME (Type/Print) Frances L. Gick				t and Number or Rural				
ay be		20a. METHOD OF DISPOSITION	206	D. PLACE AND DATE		Drive, E	1KT10g	e, MU 212		Cana
ector, p		1 (V Buriel 2 Cremetion 43 Rem	corn State con	netery, cremetory or o	other plece)	ial Park	1		1100	, State
ral dir		21. SIGNATURE OF PURPLE SERVICE LIC	CENSEE // 2	annwiring		AND ADDRESS OF FA		LMaryland		
r death. Pag e funeral di al.		- L/01	L. Kaul	1	Gary	L. Kaufm Main Str	an Fun	eral Home	MD 04	1007
d in by the or removal.		23. PART I. Enter the diseases or	complications that cause	the death. Do	not enter the m	node of dying, suc	h as cardiac	or reapiratory arm	est,	Approximate
ed within 24 hou completely filled is al, cremation, or event, the mo		IMMEDIATE CAUSE (Final	a. CHF RX OUE TO (OR AS A	CONSEQUENCE O	D Y (	Pareliere	1 4/2	Ety		Interval Batweel Onset and Deat
th certificate be ending physicial if Hygiene prior or other trau	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a please	A CONSEQUENCE O	ullie	۵				
that the deathed by the atterth and Mental	MEDICAL C	PART II. Other significant condition	a contributing to death b	out not resulting	In the underly!	ng cause given in		. WAS AN AUTOPSY PERFORMED? YES 2 NO	AM CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE
							_   '	20 2 _ 110		F DEATH?
The land the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Degree of the Deg	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF OEATH (Ch	eck only one)			
rtificat re Sta	YSIC	1 TYES 2 THO	HOSPITAL: 1 Inpatient 2 - ER/Outp	ontient 3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Residence	8 Other (Sp	ecity)		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23	ву рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY W	IJURY AT YORK? YES 2 NO	28d. DEŞCRI	BE HOW INJURY OCC	URED	
ATTENDIA ECTOR: At s after de 7 28 is r	ETED 8	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, atc. (Spec	— At home, term, cify)	street, factory, off	lca	261. LOCATIO City or To	N (Street and Number wn, State)	or Rural Rout	e Number,
PITAL OR ERAL DIRI n 72 hour	COMPLE		CIAN: To the bast of my knowl							nd manner as stated
HE FUNITE OF WITH	ш	29b. SIGNATURE AND TITLE OF CERTIFIES		1		29c. LICENSE NUI				onth, Day, Year)
E E E E	TO B	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF THE	ATH (ITEM 27) (Town	Print)	DO ~	596	1 8	12/	97
				and any (19pe	,					
	1	AUG 05 1993 g	32. AUGISTRAR'S SUPPLY DE DANGES DANGES DANGES DANGES DANGES DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION D	ATURE MODEL						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020	A hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z. frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Inneral director, page 5 should be detached for use as the bunal-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF I	MARYLAND / DEPARTMENT		MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAN	D / DEPAR CERTIFI	TMEN1	OF H	IEALTH AND	MENT	AL HYGIEN	E		
	1. OECEDENT'S NAME (First, Middle, Lust) DAVID	W <b>i</b> lliam			SER			MOI	TE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 174-48-8212	5. SEX 6. /	37	s. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	03	3 03 FE OF BIRTH Inth, Day, Year) / 29/56	199	Country)	2.00 P M LACE (State or Foreign sylvania
NO.	99. FACILITY NAME (If not institution, give s CHESAPEAKE BAY FRESIDENCE OF DECEDENT						VILLE	HTAB		9c. COUNT QUEI		
L DIMECTOR	Virginia A1	v clington		10c. CITY	, TOWN C		Arlin	gto	n			10d. INSIDE CITY LIMITS? 1 - YES 2 X NO
FUNERAL	1409 N. Buchar		_			10f	2 2	205			USA	IAT COUNTRY?
5	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	ES 2	XNO		f yes, spe	ENDENT OF HISPA ecify Cuben, Mexic 2 XNO Speci	en, Puart		or No 1	4. RACE Black, Specify	- American Indian, White, etc. : : White
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	-	(Give kind of w life. Do NOT use	ork done ( e retired.)	during mo	st of working		6b. KIND OF BUS			
	17. FATHER'S NAME (First, Middle, Last)	4	Ma	nager of	Bui	ding	S/Faciliti				œlig	ious Organizat
10 05	John (	Glaser		19b. MAILING	ADDRESS	(Street a	nd Number or Rural		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Hari:		
	John Glaser  20e. METHOD OF DISPOSITION 1 Burlal 2 M Cremation 3 Ram	oval from State	20b. PLA	CE AND DATE O	F DISPOS	ITION (Na	th St.	D/	TE 20c LO	CATION CI	N or Tow	33914 n, State
	21. SIGNATURE OF FUNERAL SERVICE LIG	The Man	Me t	ro Cr	Cr	ema	7, Inc. D ADDRESS OF FU	OCI	ety of	Md.	, I1	
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR /	AS A CON		):							Intervel Between Onset and Death
	PART II. Other significent condition	d.	h but n	ot reaulting in	n the un	deriying	j ceuse given in	Part I.	24s. WAS AN PERFORE	MED?		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO	HOSPITAL;	Outnation	# 3 □ DOA	OTHER	t:	ACE OF DEATH (C/					
	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye 08-03-1	TOW .		OF	28c. INJE WO	JRY AT	28d. D	ESCRIBE HOW IN	DROV		)
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJ building, etc. (	URY - A						CATION (Street at by or Town, State) CSAPEA			ote Number, MD OUEENS ANN
		CIAN: To the best of my k						to the c	ause(e) end man	ner as atated		
	296. TOHATURE AND TITLE OF CERTIFIER	elfrell					O . C . M .					Nonth, Day, Year) -1993
	30. NAME AND ADDRESS OF PERSON WH	LORGIU	w	111 P		St	reet, E	Balt	imore	, Mar	yla	nd 21201
	31. DATE FILED (Month, Day, Year) AUG 0 5 1993	32. REGISTRAR'S S										

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

ITEMS: 28a-f, PER MEO FILM G-705 11/9/93 t.t

22020

	1. DECEDENT'S NAME (First, Middle, Last	1			DEATH	REG. NO	J	
	KENNETH	W .		HARTW	TCV			3. TIME OF GEAT
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 9	BIRTHPLACE (State or For
	214-72-0177	1 🔀 M 2 🗆 F	36 YRS.	MONTHS DAYS	HOURS MIN.	02-17-5	7 N	Country) Maryland
HC.	94. FACILITY NAME (II not institution, give 3714 2nd AVE	street and number)		EDGEW	OR LOCATION OF DEA	тн		ARUNDEL
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	TV	100.000					
DIRECTOR	MD Ani	ne Arundel	Edg	r, town or Local Jewater	TION			10d. INSIDE CITY LIMITS? 1 YES 2
FUNERAL	100. STREET AND NUMBER 3714 Second A	ve.		10	1. ZIP CODE 21037		USA	OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVE FORCES? 1 X YI IF YES, GIVE WAR OF	ES 2 NO	If yes, sp	CENDENT OF HISPANIC Decify Cuban, Mexican, S 2 NO Specify:	C ORIGIN? (Specify Ye, Puerto Ricen, etc.)	ns or No 14	RACE — American India Black, White, atc. Specify: White
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COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maides	n Surname)	
BE (	Claude C. Har	twick Jr.				thy L. F		
70	19a. INFORMANT'S NAME (Type/Print) Victoria D. Ha	artwick			nnd Number or Rural Ro			
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE O					y or Town, Stata
	1 Donation 5 Command Office Command	noval from State	cemetery, cremetory or of Veterans	her place)				.11e,MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSUE / //	· ccciani	22. NAME A	ND ADDRESS OF FACE	LITY		
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1. DECEDENT'S NAME (First, Middle, Last)

9s. FACILITY NAME (If not institution, give street and number)

Manor Care Ruxton

4. SOCIAL SECURITY NUMBER

213-03-7326

Edna Elizabeth Hughes

5. SEX

1 M 2 F

YRS.

IF UNDER 1 YEAR | IF UNDER 24 HRS.

Ruxton

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. lest birthday)

74

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	RAL	10e. STREET AND NUMBER					10	f. ZIP CODE			
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	-	Julie M. Wi	1bon			Same	as #10				
BALTIMORE, nous after death. Page 6 may be d in by the funeral director, page or removal. medical examiner must be a		20s. METHOD OF DISPOSI 1 Burlal 2 Cremati 4 Donation 5 Other	disposition (No. of place) emeters		8/5/9						
		21. SIGNATURE OF FUNER	1	S Bu		0	22. NAME A RUC	ND ADORESS OF F	Fune	ral H	
RECORDS, P.O. BOX 68760, w requires that the death certificate be executed within 24 to been signed by the attending physician and completely fill of the death and Mental Hygiene prior to burial, cremation, shows any injury, or other traumatic event, the	MEDICAL CERTIFICATION	Sequentially list conditions, leading to immicause. Enter UNDERLY CAUSE (Disease or Injust initiated events resulting in death) LA:  PART II. Other significations.	ediate /ING iury	b. DUE TO (OI c. DUE TO (OI d.	R AS A CONSE	OUENCE OF):	the underlyin	g cause given in	n Part I.	24e. WAS A PERFO	
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DIVI TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2	COMPLE			BICIAN: To the best of my							
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		A.H.Ghilad	i, M.D					Md. 212	04		
	5	AUG 0 5	1993	32. REGISTRAR'S	SIGNATURE						

93 22833 2. DATE OF DEATH MONTH DAY Aug. 3, 1993 3. TIME OF DEATH YEAR 2:05 P.M. M 7. DATE OF BIRTH
(Month, Day, Year)
May 10,1919 6. BIRTHPLACE (State or Foreign Virginia 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White USINESS/INDUSTRY n Sumame) raven wn, State, Zip Code) OCATION - City or Town, State arkville, Md. ome, Inc. n, Md. 21204 Approximete Interval Between piratory arrest, **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? N AUTOPSY ORMED? 2 - NO 1 YES 2 NO INJURY OCCURED and Number or Rural Route Number, anner se stated. and dus to the cause(s) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year) 8-5-93

OHMH-16 Rev 1/89

		FOR
1	_	STATE
	_	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	0	CERTIF	FICATE OF	DEATH	REG. NO	L	
1. DECEDENT'S NAME (First, Middle, Las	n				2. DATE OF DEATN		3. TIME OF DEATH
SARA Str	oupe Irwi	n			08 02	2 199	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	1 M 2 XF	TA YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	ntry)
276-10-3182		74 THS.			4/6/19		Ohio
94. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c, COUNTY OF	DEATN
Crostor Boltimor	. Modianl O			m			
Greater Baltimor	e Medical C	enter		Towson		1 Ba	altimore
10s. STATE 10b. COUN	ITY	10c, Cf	TY, TOWN OR LOCA	TION		-	10d. INSIDE CITY
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Maryland  10e. STREET AND NUMBER	Baltimore		Timonium				1 TES 2 NO
10e. STREET AND NUMBER			.10	H. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
1811 Eastridge	Road			210	93	U.S.	Δ
11, MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DE		NC ORIGIN? (Specify Yes		CE — American Indian.
1 Never Married 2 Married	FORCES? 1		If yes, s	pecify Cuban, Mexica	n, Puerto Rican, etc.)	Bla	ick, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YE	NO Specif	y:	Spi	nolfy:
	1						White
15. DECEDENT'S EL (Specify only highest gra	de completed)		S USUAL OCCUPATI work done during m		16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT	use retired.)				
12			Homemake	30	0	Homo	
17. FATHER'S NAME (First, Middle, Last)			пошешаке		ME (First, Middle, Meiden	Home	
( real, mount, cast)				IS, MOTHER'S NA	mc (rirst, Middle, Malden	sumame)	
Howard E. Stro	nupe				Ruth B.	Strous	5
9a. INFORMANT'S NAME (Type/Print)		19b, MAJLIN	G ADDRESS (Street	and Number or Rural	Route Number, City or Tow		
m11							
<u> Eileen S Sho</u>	rt						Ohio 43085
toa. METHOD OF DISPOSITION      Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   Residual   R	movel trom/State	20b. PLACE AND DATE cometery, crematory or		ame of	DATE 20c. LO	CATION — City or	Town, State
☐ Donation 5 Other (Specify) _				m Grdns	18/5/93 T	imonium	БМ
1. SIGNATURE OF FUNERAL SERVICE	TENSEE!	//		NO ADDRESS OF FA			7 7703
15 016	11///	//			1050 Y	ork Rd.	21204
Monald (.	Schale	A.	Ruck	Towson F	uneral Hom	e. Inc.	
23. PART I. Enter the diseeses, o	complications that c	used the death. Do	not enter the me	ode of dying, suc	h es cerdlec or resp	Iratory arrest.	Approximate
shock, or heart fellur	. List only one ceuse	on each line.					Interval Between
IMMEDIATE CAUSE (Finei	1/.	L - 1		1	)		Onset and Death
disesse or condition resulting in death)	Ver	VTricul	dr a	SUSTO	sle		130 min.
	DUE TO (OF	AS A CONSEQUENCE	OF):	1	nemo i	1	
	Mata	-+.L.	ado.			avalu:	2 2 th
Sequentielly list conditions,	b	AS A CONSEQUENCE	44 CK	00000	Jema .		Ja mento
If sny, leading to immediate	JUE 10 (01	AS A CONSEQUENCE O	CICOLO Q	164-			
CAUSE (Disease or Injury	a 7 h	e pe	10019	1,000			
that initiated events	DUE TO (OF	AS A CONSEQUENCE	OF):				
resulting in death) LAST							
	d						
PART II. Other significant conditi	one contributing to de	eth but not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN	ALITOPSY 2	6b. WERE AUTOPSY FINDINGS
	_		,		PERFO		AVAILABLE PRIOR TO
					1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?
							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL				AGE OF PETER			
EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	eck only one)		
1 TES 2 NO		NOutpatient 3 DOA		ne 5 🗌 Residence	8 Other (Specify)		
7. MANNER OF DEATN	28e. DATE OF IN.			JURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
1 Natural 5 Pending	(Month, Day,	lbar) Ih		ORK? YES 2 NO			
2 Accident Investigation							
3 Suicide 6 Could not b	28e. PLACE OF III building, atc.	IJURY — At home, ferm, (Specify)	, street, factory, offi	DO .	28f, LOCATION (Street and City or Town, State)	and Number or Rura	I Route Number,
4 Nomicide determined					,,		
90. CERTIFIER		. Former State			orani ana a sa a a a a a	- 10 P-10 - 10 - 10 - 10 - 10 - 10 - 10	
(Check only	SICIAN: To the best of my						
2 MEDICAL EXAMI	NER: On the beele of exam	Instion end/or Investigat	ion, in my opinion,	death occured at the	time, date and place, er	id due to the cause	e(e) and manner as stated.
THE STORETURE AND TITLE OF CERTIF	W 2	1 41		29c. LICENSE NUI	ADED	204 DATE BICAN	ED (Month Day Word
()//	12.00	de .	A.		948	DATE SIGNI	ED (Month, Day, Year)
	, ~ /			1230	110	01	(1)
AND ADDRESS OF PERSON V	THO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	oe, Print)				
James K. Porte	rfield M.D.	6565	No. Char	cles St.	21204		
11. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE				_::	
AUG 0 5 1993	deli Kil	Banda M.					
MULTI II A MMY	The property of						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tarnet per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

(3)

FOR STATE REGISTRAR

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	4. SOCIAL SECURITY NUI			AGE (In yrs. les		UNDER 1 YE		R 24 HRS. MIN.	7. DATE OF (Month, D	law Weart		Country)	ACE (State or Fo
		-	M 2 D F	60						5 -		-	HRY LA
~	9s. FACILITY NAME (If not			2.0		B(	MN OR LOCAT				9c. COUN	TY OF DEAT	тн
0	LEVIND	. ,	GERHATK	400	NTR	RI	イレリ	)Mo	RE				
EC	10a. STATE	10b. COUNTY	Y		10c. CITY, TO	OWN OR LO	OCATION			-		10	d. INSIDE CITY
DIRECTOR	MD.				Be	ALT	oni	RE				1	YES 2
- 1	100. STREET AND NUMBE	ER			1 101		101. ZIP COL				10g. CITIZ	EN OF WHA	AT COUNTRY?
FUNERAL	1408	N. L	MOOD	AVE			2	121	3		1	US	
3	11. MARITAL STATUS		12. WAS DECEDENT EV	VER IN U.S. AF	RMED		DECENDENT				a or No-	14. RACE -	American Indi
	1 Never Married 2		FORCES? 1		NO		s, specify Cub YES 2 NO			an, atc.)		Specify:	White, etc.
BY	3 Widowed 4 Di		<u> </u>										Orno
OE I		ECEDENT'S EDU only highest grade		16a, Dt	ECEDENT'S USL Silve kind of work b. Do NOT use re	done durin	PATION g most of work	ing	16b. K	IND OF BU	SINESS/IND	USTRY	
	Elementary/Secondary	(0-12)	College (1-4 or 6+)		AINTE				6	BAUT	r c	ITY	
COMPL		4018 4 0		1.0	11/4/5	/01/10						(1)	
	17. FATHER'S NAME (First,		221						ME (First, Mid				
BE	GABRIEL 198, INFORMANT'S NAME		143	1 44	b. MAILING AD	DDEED (C.			WIL			Code	
2	ARETHA J			19	1408						vii, State, LIP	0000)	
	20g. METHOD OF DISPOS			205 81 400	14U8		INWO	UU A	DATE	_	OCATION — (	City on Town	State
	1 Burial 2 Creme 4 Donation 5 Oth	tion 3 🗆 Rem	noval from State		I SON				846		VINGS		
	21, SIGNATURE OF FUNE		CENSEE	UANN	1301	_	E AND ADDR	ESS OF FAC		I UN	VINGS	1411	LS.
	V	1/	21.00	,		a. inne			014.111				
	ree	1.6	Hollar	ld.		WM.	. C.	MARC	H FH	. 11	01 E	NO	RTH A
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IFICATION	resulting in death)  Sequentially list conditions, leeding to immosuse. Enter UNDERI CAUSE (Disease or in that initiated events	nediate LYING njury	b. DUE TO (OR		pati	Wan	aden ful	lus	th source	1eta	stu	517	MAN
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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ITEMS: 23 PART I, 27, PER MEO FILM G-702 8/30/93 t.t

22836

1. DECEDENT'S NAME (Fin	st, Middle, Lest)			ERTIF	JOR		7.5	2. DATE	OF DEATH	<b>5</b> ^1	9°3°	3. TIME OF DE 3:22	АТН Р м
4. SOCIAL SECURITY NUM 2 1 6 - 4 2 - 0		5. SEX	6. AGE (In yrs. le:	• • •	IF UNDER 1 Y	ZEAR IF U	NDER 24 HRS	(Mont	OF BIRTH h, Day, Year) -14-	4.5	a. BIRTI	HPLACE (State or	Foreign
9a. FACILITY NAME (II not 1817 EAGI	institution, give	street and number)		BALTIMORE C					-14-	_	UNTY OF D		
RESIDENCE OF DE	10b. COUNT	ry		15	Y, TOWN OR					10d. INSIDE CI LIMITS?			
MD 100. STREET AND NUMBER			Baltimore 10f. ZIP CODE								1 YES 2 NO		
1817 Eag  11. MARITAL STATUS  1 🖔 Never Married 2	Married	12. WAS DECEDEN	YES 2	X YES 2 NO If yes, specify Cuban, Maxica				SPANIC ORIGIN? (Specify Yea or No- 1 axican, Puerto Rican, etc.)			14. RAC Blac	SA  14. RACE — American Indian, Black, White, etc.  Specify: Black	
15. DE (Specify of	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)				USUAL OCCI work done duri se retired.)	UPATION ing most of v	rorking	181	. KIND OF B	USINESS/IN	DUSTRY	Diac	
17. FATHER'S NAME (First,								name (First, a Jo:		n Surname)			
19a. INFORMANT'S NAME Marie Do		5	.19	h. MAILING	ADDRESS (S	Street and Nu	mber or Aur	Balt	ber, Chy or To	wn, State, Z	% Code) 0.21	223	
20a METHOD OF DISPOSI 1 Burial 2 Cremet 4 Donation 8 Othe	TION Ion 3 - Rer		20b. PLACE cometary, cre	ematory or o	of Disposition (1997)	ON (Neme of		DAT		alto			
21. SIGNATURE OF FUNER	AL SERVICE L	JOENSEE	BI	^	22. NA	ME AND AD seph	DRESS OF	EACILITY Brow 1tim	n Jr	P. A	A. Balt	o., MI	).
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  SEIZURE DISORDER  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other algoritic	ant condition	na contributing to	deeth but not	reaulting	In the unde	orlying cau	ae given	In Part I.		N AUTOPSY DRMED?	7 248	AWAILABLE PRIC COMPLETION O OF DEATH?	F CAUSE
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:		*	(Check only o					
	Pending Investigation	1 Inpatient 2 I	INJURY	28b. TIN	IE OF 21	Bc. INJURY / WORK?	T.	28d. DE	SCRIBE HOW	INJURY O	CCURED		
2 Accident 3 Suicida 8 4 Homicide	Could not be determined	26e. PLACE C building.	F INJURY — At he atc. (Specify)	ome, farm,	street, factory	, office			CATION (Street or Town, State		er or Rural	Route Number,	F
29a. CERTIFIER (Check only 1 CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													stated.
one) 2 ME	DICAL EXAMIN	CH. ON the basis of a	296. SIGNATURE AND TITLE DE CERTIFIER  296. LICENSE NUMBER  0. C. M. E  0.8/02/1										
29b. SIGNATURE AND TITL	E SE CERTIFII	Hall	Som										nr)
29b. SIGNATURE AND TITL	DE CERTIFIE DE VERSON W	HO COMPLETED CAU	Som		Print) PENN	(	o.c.	M.E	rimor	<b>&gt;</b> (	0/80	2/1993	r)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incompletely filled in by the trianing by the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Charles Bu

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year)

1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

offs											C	33	2	2837
prof. Brig	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND A	DEPAR ERTIFI	TMENT	T OF HI	EALTH DEAT	AND I	MENT	AL HYGIE	NE		4	2037
614 485	1. DECEDENT'S NAME (First, Middle, Last)  Pearl Me	King							2. DAT	E OF DEATH	3 <sup>M</sup> /	99 <sup>5</sup>		TIME OF DEATH
No.	4. SOCIAL SECURITY NUMBER 577-18-5322		8. AGE (In yrs. Ia	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		e of BIRTH with, Pay, Year)	12	Co	untry)	CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give	AND H	SPITAL	_	36, CITY	TOWN OF		ON OF DE		-devides adminiphy and according	9c. C	OUNTY O	F DEAT	H
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	E ARUND	EL	10c. CITY		OR LOCATIO								d. INSIDE CITY LIMITS?  YES 2 HO
NERAL	7403 MERRIMUSI							144				U.S		COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married  Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	AMED NO		WAS DECE If yes, spec 1 YES 2	offy Cuba	n, Maxicar	n, Puerto	IN? (Specify Rican, etc.)	Yes or Na-	В	ACE — leck, Wi pecify: HIT	American Indian, hita, atc.
COMPLETED	15. DECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 d	(G life	ECEDENT'S ( ive kind of w . Do NOT use  ECRE!	rork done e e retired.)	during most	of working	g		AIR (MANUE	COND	ITI	ONE	ER
BE COI	12 0 SECRETERY MANUFACTURING  17. FATNER'S NAME (First, Middle, Last)  OSCAR VAN'SCHEETZ  18. MOTHER'S NAME (First, Middle, Maiden Surname)  MINNIE M. DEACH													
0	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  KATHRYN R. SKIRATKO  7403 MERRIMUSIC CIRCLE-SEVERN, MD. 2114												21144	
	20a. METHOD OF DISPOSITION Devial 2 Crematics 3 Ren Comparison 5 Option (Specify)	1	20b. PLACE cametery, cre CHRI	matory or oth	her placa) CHU F	RCH			8/		JNTA	-		State RINGS, PA
	. Dary	. 2. Ka	rufm	an	R/ 4:		ND RAI	C. I	FIN WY.				OME RNI	21061 E,MD.
	23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line.												Approximate intervel Between Onset and Death	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	):									
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ns contributing to	deeth but not e	resulting is	n the un	derlying	cause g	ilven in i	Part i.		AN AUTOPS ORMEO?	SY 2	COL	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				_	26. PLA	CE OF O	EATN (Che	ck only a	ne)				765 27610
HYSIC	1 VES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 inpatient 2 2 28a. DATE OF (Month, Da	INJURY		OF	R: sing Nome 28c. INJUI WOR	RY AT	sidence (		er (Specify) SCRIBE NOV	Y INJURY C	OCCURED		
D BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE O	F INJURY — At ho		М	1 🗌 YE	S 2 _	NO NO	281. LO	CATION (Street or Town, Sta	et and Numi	ber or Run	el Route	Number,
OMPLETE	A CONTROL A	ICIAN: To the best of ER: On the basis of an											re/e) any	I manner en eteted

29c. LICENSE NUMBER AU417645 SUSE OF OEATN (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE
Sulia Davidan Rendall.

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DIVISION OF VITAL RECORDS, P.O. BOX 58	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	At Other this satisfacts has been signed by the steading sharings and
	R	A

	1. DECEDENT'S NAME (First, Middle, Las AGNES K	OWALCZ	/ 1	GNES K		DEATH DZYK	2. DATE O	REG. NO.	93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-01-6761		F UNDER 24 HRS. OURS MIN.	7. DATE Of (Month),	Dey, Your)	7	BIRTHPLACE (State or Fore			
TOR	9a. FACILITY NAME (If not institution, given the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of t	OSPITA	OSPITAL B			BALTIMORE (			City Sc. COUNTY OF	
DIRECTOR	MARYLAND 10b. COUNTY	VTY	BALTIM		N				10d. INSIDE CITY LIMITS? 1 YES 2   N	
FUNERAL	10e. STREET AND NUMBER 522 N. COLLIN			21231			L		SA	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		13. WAS DECENDENT OF NISPANIC ORIGI If yes, specify Cuban, Maxican, Puerto 1 ☐ YES 2 ☑ NO Specify:			RIGIN? (Specify Yas or No— 14 arto Rican, etc.)		RACE — American India Black, White, atc. Specify: WHITE	
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed)  College (1-4 or 5 +)	(Give kind of work don			of working	16b.	KIND OF BUSINE	SS/INDUST	TRY
BE COMPL	6 YEARS 17. FATHER'S NAME (First, Middle, Lest) SAMUEL LUSTIC	A	77011	and of the last		8. MOTNER'S NA ROSE C		iddle, Malden Surr	name)	
	194. INFORMANT'S NAME (Type/Print)  MRS. ELIZABETH	BLACKWELL	52	2 N. C	OLLI	NgtonA	VE E	BALTO.	MD.	21231
	20a. METHOD OF DISPOSITION 1\(^\Delta\) Burial 2 \(^\Delta\) Cremation 3 \(^\Delta\) Re 4 \(^\Delta\) Donation 6 \(^\Delta\) Other (Specify)			D DATE OF DISPOS	EM.	PARK	8 - 5	LAURE	ĒL,	MARYLAN
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  RACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTO. MD. 2122									
TIFICATION	IMMEDIATE CAUSE (Final	e. List only one cause of	used the deat on each line.	th. Do not enter	the mode	of dying, auc	h aa cerdi	ac or reepirate	ory arrest	
	disease or condition resulting in death)		AS A CONSEOU	PA(L	JA	262				
ERTIFICATION		b. DUE TO (OR DUE TO (OR c.		ENCE OF):	NA	26				
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR cDUE TO (OR d	AS A CONSEOU  AS A CONSEOU  AS A CONSEOU  oth but not rea	ENCE OF):			Part I.	24a. WAS AN AUT PERFORMEI 1 □ YES 2.627	D?	Onset and ATTY  24b. WERE AUTOPSY FIR AWALABLE PRIOR 1 COMPLETION OF C.
: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificent conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition	DUE TO (OR DUE TO (OR C. DUE TO (OR d. DUE TO (OR	AS A CONSEOU  AS A CONSEOU  AS A CONSEOU  Sth but not res	ENCE OF):  SENCE OF):  SENCE OF):	iderlying c	reuse given in	_	PERFORMEI	D?	24b. WERE AUTOPSY FINANALABLE PRIOR T COMPLETION OF CO OF DEATH?  1 YES 2 N
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Street, fact	26. PLAC 2; sing Nome 28c. INJUR 1  YES	euse given in  E OF DEATH (Ch  5	eck only one 6 Other 28d. DE\$d City o	PERFORMEI  1 YES 2 S  (Specify)  (Specify)  TION (Street and in Yown, State)	D? NO RY OCCUR Number or I	24b. WERE AUTOPSY FIR AMAILABLE PRIOR I COMPLETION OF COF DEATH?  1 YES 2 N

	1 - STATE REGISTRAR	STATE OF MARYLAND		E OF DEATH	REG. NO.		
1	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH	3.	TIME OF OEATH
	Elaine Keni	nu			07 28	YEAR 93	11 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLA	CE (State or Foreign
	217-40-5988	1 0 M 2 PDF 50	YRS. MONTHS	DAYS HOURS MIN.	12-14-42	Country)	MD
	9a. FACILITY NAME (If not institution, give street			TY, TOWN OR LOCATION OF D	EATH S	9c. COUNTY OF DEAT	н
OR	Harbor Hosi	pital Center	- B	altómore			
5	RESIDENCE OF DECEDENT						
IRE			10c. CITY, TOWN			100	I. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Md		Balt	imore		1 (	YES 2 NO
RA	10e. STREET AND NUMBER	105		101. ZIP CODE		ing. CITIZEN OF WHAT	COUNTRY?
NE	2404 Dorton			2/23		USA	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2	ARMED 13	I. WAS DECENDENT OF HISPA It yes, specify_Cuban, Mexic	NIC ORIGIN? (Specify Yes or	No- 14. RACE - Black, W	American Indian, hita, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES 2 NO Speci	fy:	Specify:	
	15. DECEDENT'S EOUCA'	TION 160	DECEDENT'S USUAL	OCCUPATION			Black
Ë	(Specify only highest grade co	ompleted)	(Give kind of work done	during most of working )	18b. KIND OF BUSIN	ESS/INDUSTRY	
PL	Elementary/Secondary (0-12)	College (1-4 of 5+)	Housewij				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		TO GO C W I I		AME (First, Middle, Maiden Sur		
	Leroy Ringolo	d				mame)	
BE	19a. INFORMANT'S NAME (Type/Print)		195 MAILING ADDRES	V I II 6	White	One 7/2 Codes	
2	Khonda Bright:						
	2Qp. METHOD OF DISPOSITION	20h PLAC	EANDDATEOFDISPO	leans St.		TION — City or Town,	State
	1 Burial 2 Cremation 3 Remove 1 Donation 5 Other (Specify)	al from State cemetery, o	ZION C	enererv	8-3 bal		State
	21. SIGNATURE OF FUNERAL SERVICE LICEN		22	NAME AND ADODESS OF E	CILITY		
	DO NO. Ca	1) 6	1 1	oseph H. B	rown Jr. F	uneral	Home
$\rightarrow$	greene	2. CIV		913 West B	altimore S	t. Balt	o., MD.
	23. PART I. Enter the diseases, pr cor ahock, pr haart fellure. Lie	mplicetione that caused the det only one cause on each ile	deeth. Do not ente	er the mode of dying, suc	ch ae cerdlec Dr reepirat	Dry arrest,	Approximate
	IMMEDIATE CAUSE (Final	mplications that caused the et only one cause on each ile	ne.				Approximate Interval Between Onset and Death
	anock, or heart fellure. Lie	RESPICE	ne.				Interval Between
	IMMEDIATE CAUSE (Final disease or condition	mplications that caused the cet only one cause on each life CES TO OR AS A CONS	ne.				Interval Between
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	PERPOSE  DUE TO (OR AS A CONS  SQUAN	TOPUL SEQUENCE ON:				Interval Between
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	RESPICE	TOPUL SEQUENCE ON:	TALLURE			Interval Between
-ICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS	EQUENCE OF):				Interval Between
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AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	TOPUL  FEQUENCE OF):  FEQUENCE OF):	FAILURE 31 CARU	Part I. 24a. WAS AN AU	TOPSY 24b. WEI	Interval Between Onset and Death  RE AUTOPSY FINDINGS
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Refours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AUG 0 5 1993

32. REGISTRAR'S SIGNATURE

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X 68760, BALTIMORE, MARYLAND 21215-02	executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the security permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumati	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 93 22840

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALT	H AND ME	NTAL HYGIENE	93	22840		
100	1. DECEDENT'S NAME (First, Middle, Leet) MARGARET LAMBIRTH	(LAMBERT)			2.	DATE OF DEATH DAY 8-1-93	YEAR	3. TIME OF DEATH		
		9-14-0397 1 M 2 1 F 79 YRS. MONTHS DAY'S HOURS MI						ATHPLACE (State or Foreign Intry) BALTIMORE		
CTOR	901 n. kenwood ave. BALTIMORE									
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	WN OR LOCATION  IMORE				10d. INSIDE CITY LIMITS?  1				
JNERA	901 KENWOOD AVENUE					NITED STATES  14. RACE — American Indian,				
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	if yes, specify Cu 1 ☐ YES 2 ☑ N	ben, Mexican, P	Sp.	Black, White, etc. Specify: BLACK					
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION  Specify only highest grade completed)  Condary (6-12)  College (1-4 or 5+)  SWITCH BC					HOPKINS			
BE COM	17. FATHER'S NAME (First, Middle, Leet)  REUBEN SPENCER			NAME (First, Middle, Malden Surname) PT.F. JOHNSON						
TO B	19a. INFORMANT'S NAME (Type/Print)  GERALDINE WASHT	DRESS (Street and Numi	IMBER BALTO MD 21205							
	20a. METHOD OF DISPOSITION    Burlel 2   Cremation 3   Remone   Donation 5   Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE LICE	RESS OF FACILIT	8-6 BAI	TIMORE						
	Bemad D	gommon	d the death. De set					e. NORTH AVE		
1	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, abock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTIF	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d									
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to deeth b	out not resulting in t	ne underlying ceus	given in Per	t I. 24s. WAS AN A PERFORM	AEO?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1 the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of									
ВУ РНУ	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK?				NJURY OCCURED		
-	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, factory, offica			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner es stated.									
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  DEVILLIAM BEN  30. NAME AND ADDRESS OF PERSON WHO	CENSE NUMBER	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon							
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3	AUG 0 5 1993 g	elie Beridon A	andette							

John Madaling

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		STATE OF M	MARYLAND /	DEPAR ERTIF	RTMENT O	F HEALTH OF DEA	AND I		HYGIEN REG. NO		3	22841
	1. DECEDENT'S NAME (First, Delbert	311-11-1	ller (D						2. DATE OF	DEATH		YEAR 3	B. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		s. sex	elbert ]		IF UNDER 1 YE	-			3-93			м
	199 - 22 - 8314 191 - 22 - 8314 9a. FACILITY NAME (if not institution, give street and number)			YRS, MONTHS DA		YS HOURS	HOURS MIN. 06-		(Month, Day, Year) 6-22-1929		Penn	ACE (State or Foreign	
œ	Francis Scott Key Medical Center						WN OR LOCAT		EATH		9c. COUNT	Y OF DEA	TH
유	RESIDENCE OF DEC		Dall	more (	тсλ			N/A					
DIRECTOR	10a. STATE 10b. COUNTY				I MANUTO						0d. INSIDE CITY		
	Maryland	Balt	imore Co	unty	Ba	altimor	e					1	YES 2 NO
FUNERAL	100. STREET AND NUMBER 5109 McFaul Road					101. ZIP COOE 109. CITIZEN OF WI 21206 U.S.A.						AT COUNTRY?	
2	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS	DECENDENT (	OF HISPAN	NC ORIGIN? (5	Specify Yes			- American Indian, White, etc.
BY F	1 Never Married 2 🔀 3 Widowed 4 Divor		IF YES, GIVE W		NO		s, specify Cubi YES 2 XNO			in, etc.)		Specify:	Vhite, etc.
		EDENT'S EDU	WII -				_					hite	
H	(Specify only	highest grade	completed)	(G	ive kind of Do NOT u	Work done during retired.)	PATION g most of worki	ng	16b, KI	NO OF BU	SINESS/INDUS	TRY	
7	Elementary/Secondary (0 12th Grade	-12)	College (1-4 or 5 d	)		ng Depa	and minus de	_	Dati	- 7 - 1	G.	u a	
COMPLETED	17. FATHER'S NAME (First, MI	iddle, Last)		1 011	rbbtt	id neba			ME (First, Midd		em Ste	eT	
	Richard Mil	ler						na Me			our rainey		
) BE	19a. INFORMANT'S NAME (7)			19	b. MAILING	ADDRESS (Str	eet and Numbe	r or Rural F	Route Number,	City or Tow	n, State, Zip Co	ode)	
5	Norma M. Mi	ller				McFaul							206
	20a, METHOD OF DISPOSITE 1 M Burlai 2 ☐ Crematio		mml Irom State	20b, PLACE	AND DATE	OF DISPOSITIO	N (Name of		DATE		CATION — CIT		
	4 Donation 5 Other	(Specify)		Garde	nstory or o	f Fait	h Ceme	etery	8/6	Bal	Ltimor	e, Ma	aryland
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEP!		1	22. NAM	E AND AODRE	SS OF FA	CILITY				
	Back	lun	m. h	MAN	Con	641	n C. M 5 Bela	ulle ir R	er, ind	Z. Ral+i	more	Mars	yland 21206
	23. PART I. Enter the di	seesea, or c	complications that List only one ceu	caused the de	oth Do i	not entar tha	moda of dy	ing, suci	h as cerdiac	or resp	ratory arres	t,	Approximate
	IMMEDIATE CAUSE (Fin		List only one ceu	se on each line									Interval Between Onset and Death
	disease or condition	<b>→</b>	Ather	osciely	otici	Con	reich	4	Vesse	1	Direa	10	Years
ŀ	Sequentially list conditions, if any, leading to immediate    Attention   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Co												
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띮	CAUSE (Disease or injust that initiated events	ry 🥻	DUE TO	OR AS A CONSEC	DUENCE O	F):	V-CAC_						nocu
CERTIFICATION	resulting in death) LAST	r ( ,	4										
- 1	PART II. Other algolitices	nt condition	e contributing to	death but not a	acultina.	la sha saadaal	oten en en en					_	
SAL	Januar angrinica	THE CONTROLL	a contributing to	death but not r	esuiting	in tha under	ying ceuse	given in	Pert I. 24	PERFOR		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
									1	YES 2	KNO		OMPLETION OF CAUSE F DEATH?
Σ									-			1	YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO	MEDICAL				- 2	B. PLACE OF D	EATH (Ch	ock only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:							
¥	27. MANNER OF DEATH		26a. DATE OF	INJURY	26b. TIM	E OF 26c	Home 5 Re	sidence			NJURY OCCUP	RED	
BY B		Pending nvestigation	(Month, Di	ly, Year)	INJ	M 1	WORK?	□ NO					
	3 Suicide 6 0	Could not be	26e, PLACE Of building.	F INJURY — At ho	me, farm,	street, tectory,	office		281. LOCATIO	ON (Street a	and Number or	Rural Rout	le Number,
	4 Homicide d	letermined					_		Oily Or R	wii, Sielej			
COMPLETED	29a. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occum	ed et the time,	date and place	, end due	to the cause(	a) and mar	ner as eteted.		
Š	one) 2 MEDIO	CAL EXAMINE	R: On the basis of ex	amination end/or i	nvestigatio	n, In my opinio	n, death occur	red at the	time, data and	place, en	d due to the c	ause(a) er	nd manner as stated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIER					29c. LICE	ENSE NUM	BER		29d. DATE S	IGNED (M	onth, Day, Yeer)
TO B	Valence	ma	MID				D	286	34		► 0d	1/0	3193
10	30. NAME AND ADDRESS OF	SCO	COMPLETED CAUS	South (ITES	1 27) (Typo.	Print)	ente	2	821	14	nore	, 2	1224
+	31. DATE FILED (Month, Day, Y		32. REGISTRA	R'S SIGNATURE									
$\perp$	AUG n 5 1	993	The hand										

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the hope one

		CERTIFIC	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last		: Thelma Mo	urkel		2. DATE O MONTH	F OEATH DAY	YEAR Q 2	
218-22-6019			F UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month), 9 and 3		Cou	THPLACE (State or Foreign untry)  THYLAND
Ba. FACILITY NAME (If not institution, give				R LOCATION OF DE	ATH	9c.	COUNTY OF	
RIVERVIEW NUI	RSING CENTE	RE, INC.	E.	ssex			Bal	timore
Maryland 10b. coun	Baltimore		TOWN OR LOCAT		Dunda	lk		10d. INSIDE CITY LIMITS? 1 YES 2 NO
oo. STREET AND NUMBER 8107 Park Haven	ı Road		101	. ZIP CODE	21222	10g		ted States
H. MARITAL STATUS  I Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 X NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 [X] NO Specify	n, Puerto Ri		Bi	ACE — American Indian, leck, White, etc. becity: White
15. DECEDENT'S ED (Specify only highest grad		16a. GECEDENT'S U	SUAL OCCUPATION done during mo retired.)	ON et of working	16b. I	KIND OF BUSINES	S/INOUSTRY	1
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Donation 5 Other (Specify)	moval from State	Parkwood	Cemete	ry 8/4/	1993	Bal	timo	re, Maryland
23. PART I. Enter the diseases, or shock, or heart fellure disease or condition resulting in death)	e. List only one cause on	ed the death. Do no each line.	7922 ( ot enter the mo	Vise Aver de of dying, suc	rue 1	Dundalk.	Mari	alk, Inc.  yland 21222  Approximate Interval Between Onset end Dea
	DOE TO (ON MS	A CONSEQUENCE UP						
f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. ATTICL	A CONSEQUENCE OF	botton	schem	ia.			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF	borral			24a. WAS AN AUTO PERFORMED' 1 YES 2 N	7	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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A any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS  c. DUE TO (OR AS  d	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not resulting in	26. Pl OTHER: 4 Marsing Hon	g cause given in	Part i.	PERFORMED	7	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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7. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b determined  Hea. CERTIFIER (Check only	DUE TO (OR AS  c. 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Pl OTHER: 4 Merring Hon OF 28c. IN. WY M 1 reet, factory, office	g cause given in  LACE OF DEATH (CA  No. 5   Residence  PURPY AT  PIRK?  YES 2   NO.  No. 10   No. 10   No. 10    No. 10   No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No. 10   No. 10    No.	Part i.  Beck only one  G Other  28d, DESC  28f, LOCA City of	PERFORMED  1 YES 2 N  (Specify)  CRIBE HOW INJUR  THON (Street and N  r Town, State)	Y OCCURED  We occurred  The stated.	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

his Devidour Borde

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the burla-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	executed within	n and complete to burial, crem	ımatic event,
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DIRECTOR

FUNERAL

BY

COMPLETED

BE notified a

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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

Brian Wallace.

31. DATE FILED (Month, Day, Year)

M.D.

physician. burial-transit

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 1993 YEAR MARY EVE McCLURE August 3. 7. DATE OF BIRTH OCT. 7, 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1923 219-18-5945 A DAYS HOURS 69 Marvland 1 M 2 X F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATN 9b. CITY, TOWN OR LOCATION OF DEATN Francis Scott Key Medical Center Baltimore City RESIDENCE OF DECEDENT 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Fullerton 1 YES 2 X NO 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 7726 Bennerton Drive 21236 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White 3 Widowed 4 X Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 9 Record Buyer Music Sales 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Marcel Mazurek Martha Wolinski 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Michael J. McClure 7726 Bennerton Drive Baltimore, Maryland 21236 20s. METNOD OF DISPOSITION

10 Burlel 2 Cremetion 3 Removal from State

1 Densetion 4 Densetion 5 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE St. Stanislaus Cemetery 8/6/93 Donation 6 Other (Specify) Baltimore Maryland 21. BIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Road 21214 23. PART I. Enter the diseases of complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate interval Between ahock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) ARDIOPULMONARY MINUTE DUE TO (OR AS A CONSEQUENCE OF): HRONIC Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not reaulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY VASCULAL SEA 1 TYES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Nome 5 | Residence 6 | Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 7. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building. atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide determined 29a. CERTIFIER 11 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 93 360 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3901 Greenspring Avenue

32. REGISTRAR'S SIGNATURE who Deviden Bondall

DHMH-16 Rev 1/89

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2. DATE OF DEATN

28

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James

020	physician.	bunal-transit permit. Pages 1, 2, 3 short
BALTIMORE, MARYLAND 21215-0020	es that the death certificate be executed within 24 hours after death. Page 6 may be relained by the hospital or attending physician.	gned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 shot math and Mental Hygiene prior to burial, cremation, or removal.
CORDS, P.O. BOX 68760,	es that the death certificate be executed within 24 hours	gned by the attending physician and completely filled in by the salth and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RE(

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4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 8. AGE (In vrs. lest birthday) 83 DAYE 248-05-1689 1 M 2 Z F P 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH Bon Secours Baltimore Hospita DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland . Baltimore FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 1623 Thomas Avenue 21216 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 1 Never Merried 2 N Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retred.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Cement Mason Consolidated Engineering examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) BE Marshall Matthews Mary Holloway 190. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Matthews 1623 Thomas Avenue baltimore, MD 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION --- City or Town, State cemetery, crematory or other place)
MD National Memorial Park 4 Donation 5 Other (Specify) 8/2 Laurel, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, MD 21216 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, ahock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final the Small disease or condition resulting in death) any injury, or other traumatic event, OUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO item 23 shows of He HOSPITAL OR ATTENDING PHYSICIAN: The law requir has been a bept, of h 25. WAS CASE REFERRED TO MEDICAL this certificate had with the State D 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Name 5 | Residence 6 | Other (Specify) 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 10 27. MANNER OF DEATH 28c. INJURY AT WORK? 28e. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED is marked, 5 Pending Investigation BY 1 YES 2 NO After 28e. PLACE OF INJURY -- Al home, term, street, factory, office 3 Suicide LOCATION (Street end Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d 8 Could not be determined COMPLETED 4 🔲 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. FUNERAL I MPORTANT: IL MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 뿚 불물 suous 2 8 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BICH BLVD DUONG 700 WASHINGTON

> 32. REGISTRAR'S SIGNATURE a Devidor

atthews

8. BIRTNPLACE (State or Foreign

Baltimor

10g. CITIZEN OF WHAT COUNTRY?

USA

21216

14. RACE — American Indian, Black, White, etc.

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

1 X YES 2 NO

Black

Approximate

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

28

93

MO 21230

intervai Between

Onset and Death

:50 P M

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OHMH.	18	Rev	1/80

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1. OECEDENT'S NAME (First, Mic	ddle, Last)							2. DATE (			YEAR	3. TIME OF DEATH
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4. SOCIAL SECURITY NUMBER 230 - 42 - 7492		5. SEX	6. AGE (In yrs.		MONTHS DAY	-	4 HRS.	7. DATE ( (Month,	Day Year)		Counti	
		XM 2 □ F	56	YRS.					-37			PORTNEWS
9e. FACILITY NAME (If not institution, give street and number)					N OR LOCATIO		EATH		9c. COL	UNTY OF O	EATH	
Johns Hopk	cins I	Hospit	al		Baltimore							
10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					71	10d. INSIDE CITY	
MARYLAND B			BA	LTIMO	RE						LIMITS?	
10e. STREET AND NUMBER	7510	0145044				101. ZIP CODE				10g. CI1	FIZEN OF V	VHAT COUNTRY?
706 SPRINGF	IFLD	AVENU	Ł			2121	12			UNI	TED	STATES
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Elementary/Secondary (0-12)		College (1-4 or 5	+)	NEMPL								
17. FATHER'S NAME (First, Middle	n (ast)		101	16111 6	OTED	10 MOTH	D'S NA	ME /First 1/	liddle, Maiden	Cumpmet	_	
GEORGE BALD								EARS	ruure, marueri	Surrame)		
19e. INFORMANT'S NAME (Type/				19b. MAILING	ADDRESS (Stre				er City or Tow	n State 7	in Codel	
CARRIE MEAR												21211
20e. METHOD OF DISPOSITION			20b. PLAC		OF DISPOSITION		101	DATE			- City or To	
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ahock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent CHRONIC DRUG  25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 6 X Cou dete  29e. CERTIFIER (Check only one) 1 CERTIFYICAL  2 MEDICAL	conditions of ABUSE  DEDICAL Properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the p	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  On the basis of e	t ceused the use on each if the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	death. 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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Morith, Day, Year)

AUG 0 5 1993

DHMH-16 Rev 1/89

Baltimore



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CR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE BEGISTBAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTHAN		CI	ERITIFIC	MIE	JE DEAL	П	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, I							2. DATE OF DEATH DA	199	YEAR	3. TIME OF DEATH
100	Dora L. Nai		. AGE (In yrs. les	at birthday)	IF UNDER 1 YE	AR IF UNDER	24 HDS	7. DATE OF BIRTH	199	8 BIRTUR	M LACE (State or Foreign
	216-78-0307	1 M 2 F	57		ONTHS DA		MIN.	(Month, Day, Year) 7/5/36		Country)	MD
	9a. FACILITY NAME (If not institution,	- 51	- 1	b. CITY, TO	MN OR LOCATIO	ON OF DEA		9c. COUN	ITY OF DEA		
S.	9701 Harford Rd					ney				ltimo	
5	RESIDENCE OF DECEDENT								1 Das		
DIRECTOR	MD B	altimore	_	10c. CITY,	TOWN OR L	OCATION					IOd. INSIDE CITY LIMITS? I YES 2
FUNERAL	9701 Harford	Rd.				10f. ZIP CODE 21:	234			J.S.A	IAT COUNTRY?
BY	11. MARITAL STATUS  1. Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2	MED NO	If ye	DECENDENT On specify Cubac YES 2 NO	n, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No-	Black, Specify:	- American Indian, White, etc. hite
ED	15. DECEDENT'S (Specify only highest		16a, DE	CEDENT'S US	SUAL OCCU	PATION		16b. KINO OF BUS	SINESS/IND	_	11200
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	iii.		retired.)	g most of workin	v				
MP	Unk.	Unk.		N/A				N/A			
	17. FATHER'S NAME (First, Middle, Las	")				111111111111		IE (First, Middle, Maiden	Surname)		
BE	Lester Naill  19a. INFORMANT'S NAME (Type/Print)						ry Ru				
٥	Pat Wirth					ument		Baltimorr			05
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3  4 Donation 5 Other (Specify)	Removal from State		AND DATE OF Imatory or othe Lawn				1	cation — c .timor		
Ì	21. SIGNATURE OF FUNERIAL SERVICE	De la	. le	21				Son Fune			MD 21224
	23. PART I. Enter the diseases,	er complications that c	aused the de	attr. Do not							Approximate
	shock, pr heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. HEA	on each tine	DISE				WMI	20-20 8-44		Interval Between Onset and Death
NO	Sequentially list conditions,	- SEVER	AL YE	ARS	OF	HEAR	TO	WASE/H	YPER	TAN	in
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a POSI	TIVE	OUENCE OF):	AMI	1.6	-15-	TORY			
CERTIFICATION	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.										
	PART II. Other significant cond	Itions contributing to de	eth but not r	esulting in	the under	lying ceuse o	iven in F	Part I. 24s. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
EDICAL						, , ,		PERFOR	MED?	/	MAJLABLE PRIOR TO COMPLETION OF CAUSE
MED								1 🗀 YE\$ 2	⊔ мо		F DEATH?
								_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?					6. PLACE OF O	EATH (Che	ck only one)			
S	1   YE\$ 2   NO	HOSPITAL: 1   Inpatient 2   E	R/Outpetient 3		THER:	Home 5 🗆 Re	sidence (	3 ☐ Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigat	26a. OATE OF IN. (Month, Day,		26b, TIME (	TY	INJURY AT WORK?		28d. OEŞCRIBE HOW II	NJURY OCC	URED	
ETED B	3 Suicide 6 Could no 4 Homicide determine		NJURY — At ho L (Specify)	me, farm, str	et, factory,	office		261. LOCATION (Street a City or Town, State)	and Number (	or Rural Ros	ute Number,
COMPL	one) 2 MEDICAL EXA	HYSICIAN: To the best of my MINER: On the basis of exam									and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CER	emi Cha	el, r	Mn		29c. LICE	NSE NUM	BER	29d. DATE	SIGNED (	193
F	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF OEATH!(ITE	M 27) (Type, P	rint)					-	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								
	AUG 5 - 1993	Sulia Davido	on-Rand	.02_							

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENI
CERTIFICATE OF DEATH		REG. NO.

	1 - STATE OF MARYLAND / DE CERT	PARTMENT OF HE	ALTH AND MENT	AL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DA	TE OF DEATH	3. TIME OF DEATH
	Edna Pleasant			7 31	1993 12 48 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birth	MONTHS DAYS	IF UNDER 24 HRS. 7. DAT	E OF BIRTH onth, Dav. Year)	8. BIRTHPLACE (State or Foreign Country)
	000108313	AS.	9	8122	Virginia
œ	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR	LOCATION OF DEATH	9c. COI	UNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	baltin	noce 1	hQ.	
l H	10e. STATE 10b. COUNTY 10c	c. CITY, TOWN OR LOCATIO	N		10d. INSIDE CITY
	Maryland	Baltimo	re		LIMITS?
\¥	10e. STREET AND NUMBER		IP CODE	10g. CI1	FIZEN OF WHAT COUNTRY?
FUNERAL	3525 Wabash Avenue		21215		USA
5	11. MARITAL STATUS  1 Never Merried 2 Merried  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO		DENT OF HISPANIC ORIGINAL CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE	NN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc.
B⊀	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		□ NO Specify:	o riceri, etc.)	Specify:
	15. DECEDENT'S EDUCATION 180. DECEDE	ENT'S USUAL OCCUPATION		6b. KIND OF BUSINESS/IN	Black
ETED	(She kin	nd of work done during most VOT use retired.)	of working	OIL KIND OF BUSINESS/IN	DOSTAT
P P		Housewife			
COMPL	17. FATHER'S NAME (First, Middle, Last)		8. MOTHER'S NAME (First	, Middle, Maiden Surname)	
BE	Nathan Coleman		Minnie	Burnett	
0		ILING ADDRESS (Street and	Number or Rural Route Nu	mber, City or Town, State, Zi	p Code)
		25 Wabash			MD 21215
		on Cemete		TE 20c. LOCATION -	
	4 Donation 5 Other (Specify) Mt. Z1	on Cemete	ry  8/	4 Brunwic	k Co, Virginia
	b. / 2	2501 G	TONES OF FACILITY	Nutter Fune	ral Homes, Inc.
	Ullmin 11. Bailey	Baltimo	vynns Falls ore, Maryla	and 21216	
	23. PART I. Enter the diseases, or complications that ceused the death. ehock, or heart feliure. List only one cause on each line.	Do not enter the mode	of dying, auch aa ca	rdiec or reepiratory ar	rest, Approximate intervel Between
	IMMEDIATE CAUSE (Final disease or condition	1 (2011	than a	- 1 1101	Openit and Doubt
	resulting in death)  a. Due TO (OR AS A CONSEQUENCE)	LCARCII	VUNIT U	F LUN	4
_	DOE TO (ON AS A CONSECUENT	CE OF):			
9	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE)	CE OF):			
CA	CAUSE (Disease or injury				
F	that initiated events DUE TO (OR AS A CONSEQUENCE reaulting in death) LAST	CE OF):			
CERTIFICATION	d				
AL (	PART II. Other eignificant conditione contributing to deeth but not result	ing in the underlying c	nuse given in Part i.	24e. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME				1 123 2 110	OF DEATH?
ä					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		E OF DEATH (Check only	one)	
ΥSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DO	OTHER:  A   Nursing Home	5 ☐ Residence 6 ☐ Oth	er (Specify)	
	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b.	TIME OF 28c. INJURY WORK		SCRIBE HOW INJURY OC	CURED
BY	2 Accident Investigation		2 NO		
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, to building, atc. (Specify)	erm, streel, fectory, office	281. LO	CATION (Street and Number y or Town, State)	or Rural Route Number,
9	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth on				
₹ I	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred to the property of the basis of examination end/or investigation.	coursed at the time, date en	place, end due to the c	Ruse(e) end menner ee stat	led.
. 11	29b. SIGNATURE AND TITLE OF CERTIFIER A A / / / / /	1			
BE.	MKKKunml	un MD 3	c. LICENSE NUMBER	2 29d. DAT	E SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	1411		3//93
	DR-MAGNUS TKHINMWIN, BI	ON SELOU	RS HOSPIT	AL BAIT	ADDE MADIE 27.
7	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE		11 /11	ישור בוות	10KG, 11.1/0/62
2	AUG 0 5 1993 Julia Deviden Poplar				

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examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for use as the burn	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundle of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se
death. Page 6 may be retained by the hospital or amending physical	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arranding physicians.

. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT (CERTIFICATE	OF HEALTH AND	MENTAL HYGIEN	E 93	3 2284	8
	1. DECEDENT'S NAME (First, Middle, Last)			0. 22	2. DATE OF DEATH		3. TIME OF DEAT	ГН
			ERKINS		July 28	3, 199		м
	140-10-7653	5. SEX 6. AGE (In yrs. Ia. 71		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH 5 (Month 2 Pay, Year)	1 1 1	BIRTHPLACE (State or Fo Country)  LT. N.J.	
OR	9a. FACILITY NAME (If not institution, give stree ST. AGNUS HOSP.			OWN OR LOCATION OF DISALTIMORE		9c. COUNTY		
	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c, CITY, TOWN OR I	COATION			The trains are	
L DIRECTOR	MD.		BALTI	MORE			10d. IHSIDE CITY LIMITS? 1 X YES 2	
FUNERAL	1040 DEER RIDGI			101. ZIP CODE 212		U	J.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1\( \) YES 2 IF YES, GIVE WAR OR DATES	NO If yo	S DECENDENT OF HISPAN res, specify Cuban, Maxica YES 2 NO Specifi	en, Puerto Rican, atc.)	45 -1	RACE — American India Black, Whita, atc. Specify: BLACK	en,
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co- Elementary/Secondary (0-12) MASTRES DEGREI	College (1-4 or 5 +)	PECEDENT'S USUAL OCCU Give kind of work done duri fe. Do NOT use retired.) SELF EMP	ing most of working	16b. KIHD OF BU		TRY	
OM	17. FATHER'S HAME (First, Middle, Last)	B DOOD IID.			AME (First, Middle, Malden		111141	
BE C	GEORGE W. PERKI	INS			transfer for many transfer or many	ourra,		
TO B	19a. IHFORMANT'S NAME (Type/Print) HORTENSE PERKIN	19	96. MAILING ADDRESS (SI					1210
	20e. METHOD OF DISPOSITION 1	20b. PLACE cometery, cn.	AND DATE OF DISPOSITION FEMALORY OF OTHER PIECE	ON(Name of	DATE 20c. LO	CATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	22. HA	ME AHD ADDRESS OF FA	· I / St Dr	Finera	I Homes. I	nc.
	* Bang .	Follow	25 Ba	501 Gwynns	Falls Park	way		.110.
ľ	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	mplications that caused the de st only one ceuse on each line	eath. Do not entar the	e mode of dyling, suc	h as cerdlec or respi	iratory arreat,	, Approxima	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSE	te AMA	5 MM			Onset and	
_		DUE TO (OR AS A CONSE	OUENCE OF):	Accorder			(1	
ATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):	1/12 (2/132)			Jares	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):					
	PART II. Other significant conditions of	contribution to death but not	tates in the wade					
PHYSICIAN: MEDICAL	He pertu		reauting in the under	rlying cause givan in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FII AWAILABLE PRIOR 1 COMPLETION OF C OF DEATH?	TO
M	-						1 - YES 2 - H	10
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Chi				
SIC	EXAMINER?	HOSPITAL:	OTHER:	Home 5 Residence				
Ť	27, MANHER OF DEATH	28a. DATE OF INJURY	28b. TIME OF 286	c. INJURY AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED	
ВУР	1 Hatural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1	WORK?				
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, farm, street, factory,	, office	26f. LOCATION (Street a City or Town, State)	and Number or R	Bural Route Number,	
COMPLETED		AH: To the best of my knowledge, de On the besis of examination and/or					suse(a) and manner as st	inted.
8	29b. SIGNATURE AND TITLE OF CERTIFIER	PO ATTEM	en lunear	bara A. Koch	rah M D	29d. DATE SIG	GNED (Month, Day, Year)	
2	30. HAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print) 650	06 Park Heightimore, MD	hts Ave.	. 0/	4/21	
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGHATURE	Dati	timore, tvib		303 BA	<del></del>	
1	AUG n 5 1993	Julie Veridan Bo	delle			,00 2,1		

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Countrie, Inc. 23215

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	IDATHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a within 70 hours after death with the Character of Health and Maries Livinger principles of companies of companies of companies.	the most state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	ı
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	OR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the father within 72 hours after death with the State Date of Health and Manda Hajanga print, to hard securition or comment.	tem.	
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN		22849
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
- 1	ROBERTS	s.	REI	[D		MONTH D	199	9:05 A M
	4. SOCIAL SECURITY NUMBER	32.37		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mgrith, Day, Year)	8.	BIRTHPLACE (State or Foreign
	234-32-9513		6 / YRS.			(Month, Day, Year) 06-06-2		est Virginia
HOT	9a. FACILITY NAME (If not institution, give so WOODS OFF 2500 RESIDENCE OF DECEDENT				NNAPOLI		AV 3692	Y OF DEATH IE ARUNDEL
DIRECTOR	10a. STATE 10b. COUNTY	e ARundel		TOWN OR LOCATE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
IAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
Ä	2500 Bollard R	oad			21401		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, OIVE WAR OR DO	2 NO	If yes, spe	ENDENT OF HISPAN acity Cuban, Maxica 2 NO Specify	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No.— 14	I. RACE — American Indian, Black, White, atc. Specify: White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S US	SUAL OCCUPATIO	ON	16b. KIND OF BUS	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Inte. Do NOT use n					
WP	12	4	Claim S	uperir	ntenden	t Insur	ance	
	17. FATHER'S NAME (First, Middle, Last)	3				ME (First, Middle, Meiden		
H	Roswell S. Rei	α				Lee Robe		
ဥ	Betty H. Reid					Route Number, City or Tow Annapol		
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF I					
	1X Buriel 2 ☐ Cremation 3 ☐ Remo		netery, crematory or other as to Oa K			TV MOT		y or Town, State
	21. SIGNATURE OF SUMERAD SERVICE LIC		77/			neral Ho	<i>w</i>	
	· batt	H Clerk.	L	12 Ri	idgely .	Ave. Ann	apoli	s, MD 21401
	IMMEDIATE CAUSE (Finel	e. DIVITADORA ORA	ach line.				ratory arrest	t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions	s contributing to death b	ut not resulting in t	the underlying	cause given in i	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
AN I	25. WAS CASE REFERRED TO MEDICAL			20 PJ				
SS	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp	0 000	THER:	ACE OF OEATH (Che		ARU	NDEL COUNTY D AREA ANNE
¥∥	27. MANNER OF DEATH	28a DATE OF INHIBY	28b. TIME O	OF 28c. INJU	5 Residence	26d. DESCRIBE HOW II		T TT AT A TO
	1 Natural 5 Pending	(Month, Day, Year)	993 1:00	Y WOR		SUBJEC		
D BY	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Spec	- At home, farm, street			28f. LOCATION (Street a		
	4 Homicide determined	WOODS RE		ME ON	BOLLAR	D ANNAPO	LIS,A	NNS ANNE
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E C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			IGNED (Month, Day, Year)
0	llegine	meghill			O.C.M.1	E		04-1993
0	30. NAME AND ADDRESS OF PERSON WHO	4		.,	reet, B	altimore	, Mar	yland 21201
1	AUG 05 1993	fishe Day don-K	TURE 24					1 2 2 2 2 2

760, BALTIMORE, MARYLAND 21215-0020	d within 2% nours after death. Page 6 may be retained by the hospital or attending physician.	s cerdificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First	i, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
- 1	Jeanne d'a	Arc P	atricia	Mulvil	nill	Ri	cha	rds		08-04-9	3	YEAR	10- AM
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	220-18-936		1 M 2 XF	66	YRS.	MONTHS	DAYS	HOURS	MIN.	06-06-2	7	Mar	ÿland
	9a. FACILITY NAME (If not in					10.00		OR LOCATIO		ATH	9c. COL	INTY OF O	DEATH
DIRECTOR	6783 Wilso		ad			Fr	Friendship Anne Arunde				rundel		
5	RESIDENCE OF DEC	10b. COUNTY	v		T 400 CIT	ry, town o	22:004				_		F
H	MD	1800 0 0 0 0 100	e Arund	.el		ien							10d. INSIDE CITY LIMITS?
1	10e. STREET AND NUMBER							f. ZIP CODE	E		T too CIT	"7EN OF V	1 YES 2X NO
FUNERAL	6783 Wilso	onRoa	d					207	_		1	SA	WHAT COUNTRY?
3	11. MARITAL STATUS	1	12. WAS DECEDEN	NT EVER IN U.S. ARI	MED	13.	WAS DEC			IC ORIGIN? (Specify Ye		14, RACI	E — American Indian,
	1 Never Married 2		FORCES? 1	NAR OR DATES	10		If yes, sp			n, Puerto Rican, etc.)		Black	k, White, etc.
ВУ	3 Widowed 4 Divo							-6-		·		Open	White
TEC	15. DEC (Specify onl	CEDENT'S EDUC ly highest grade	CATION completed)	(GA	CEDENT'S	work done i	CCUPATIO	ON ost of workin	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	)-12)	College (1-4 or 5	+)	. Do NOT us								
ME	17. FATHER'S NAME (First, M.	distriba I pat)		Hou	usew	ife					seho	ld	
			1							ME (First, Middle, Maider			
8	John Josen 198. INFORMANT'S NAME (7)		LVINIII	191	MAILING	ADDRES!	e /Ctreat a			et Gertr loute Number, City or Tov			ly
2	Robert E.		arde er	1	6783								20250
	20a. METHOD OF DISPOSIT	TION		20b. PLACEA					au,	Friends	DID,		
	X⊡XBuriel 2 ☐ Cremetio 4 ☐ Donation 5 ☐ Other		oval from State	cemetery, crem	metory or of	ther plece)							ille, MD
1	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE )		10111	22.	NAME AN	ND ADDRES	SS OF FAC	CILITY			
	▶ Thome	20 1	Day	1		1 H a				neral Ho			
	23. PART i. Enter the di	2.5	complications the	t caused be de	eth Do I					Ave. An			
	shock, or ha	aart fallure. I	List only one cau	ise Dn aach lina.		TOT WITHER	tria to-	ida or uy.	ny, sou.	1 de Carulac oi 100p	וומנטיץ מי	Test,	Approximate interval Between
	iMMEDIATE CAUSE (Findisease or condition	iai	Panc	reatic	^	arei	-	4					Onset and Death
	resulting in death)	7		(OR AS A CONSEO			H DW	l ain	<u> </u>				
z			h.										į
CERTIFICATION	Sequentially list conditi if any, leading to immed	diata	DUE TO	(OR AS A CONSEO	UENCE OF	F):							
2	cause. Enter UNDERLYi CAUSE (Disease or inju		C										
Ë	that initiated events resulting in death) LAS	я	DUE 10	(OR AS A CONSEO	UENCE OF	F):							
CE		-	d										
	PART il. Other significa	nt condition	s contributing to	death but not re	asulting	In the un	darlylng	g cause ç	jiven in l	Part I. 24a. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL										1 YES :			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME													1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)			
YSI	1   YES 2 NO		1 Inpatient 2	ER/Outpetient 3		4 🗆 Num	sing Hom		sidence (	8 Other (Specify)			
	27. MANNER OF DEATH	Pending	28e. DATE OF (Month, D.		28b. TIM	IE OF JURY		PRK?		28d. DEŞCRIBE HOW	NJURY OC	CURED	
à	2 Accident	Investigation	200 PLACE C	or to story _ At hos	- 4	M		YES 2	NO				
		Could not be determined	building,	of INJURY — At hon etc. (Specify)	ne, term, s	street, recu	ory, offici			28f. LOCATION (Street City or Town, State,		r or Aural F	Route Number,
	29a. CERTIFIER	THE THEOL				- 57							
COMPLETED	(Check only									to the cause(s) and ma			) end manner as stated.
		OF CENTRE			- Ivanigatio	11, 111 tily 5	panon, c						
ᆱ	Theretain	1776	- MO						NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF	F PERSON WILL	O COMPLETED CAU	SE OF DEATH (ITEM	4 27) (Type	Print)		D2	100	77	- 0	D/S	75
	Michael M	J. re	eters 1	171 Defe	ense		27	A	hna	yolis, M	>	211	46
0	AUG 05 1	1993	Julia Davi	dson-Randa	100		/						

DIVISION OF VITAL RECORDS, P.O. BOX 68760, (

M	
MARYLAND 21215-0020	ther death. Dans 6 may he retained by the hoenites or strengton physician
BALTIMORE,	ther death Dags 6 may by

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-	REGISTRAR	CERTIF	ICALE	JF DEATH	REG	. NO.		
8	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA	TH PAY	YEAR	E OF DEATH
	WALTER DEAN ROBINSON					,1993		30 am M
		(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRT (Month, Day, Y	'H sar)	Country)	(State or Foreign
	217-05-5935 1 XM 2 🗆 F 76	YRS.			July 2	,1917	South	Carolin
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
OH	1618 Thomas Avenue		Balt	imore				
5	RESIDENCE OF DECEDENT							
DIRECTOR	10e. STATE 10b. COUNTY		Y, TOWN OR L				10d. II	NSIOE CITY IMITS?
ō	Maryland	Ва	ltimo	re			11	YES 2 NO
AL	10s. STREET AND NUMBER			10f. ZIP CODE		10g. CIT	IZEN OF WHAT C	OUNTRY?
E	6207 Liberty Terrace			21207		U.S	S.A.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Spec	Ify Yes or No-	14. RACE - Am	erican Indian,
	1 Never Married 2 Married FORCES? 1 YES		If yes	s, specify Cuben, Mexic YES 2.4 NO Speci	an, Puerto Rican, el llv:	c.)	Specify: B I	ack
BY	3 Widowed 4 Divorced				•		.,,	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND (	F BUSINESS/IN	DUSTRY	
Ē	Elementary/Secondary (0-12) College (1-4 or 5+)		1100	g most of working				
립		Truck	Drive	r	Kla	usmeye	er's	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N.	AME (First, Middle, N	leiden Surname)		
	Haywood Robinson				Smith			
B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (St	reet and Number or Rural		or Foun State 7	n Codel	
2	Charlotte W Robinson			rty Terr				21207
		PLACE AND DATE (		ial Park	O / 6	Ab +	City or Town, Sta	te
- 3	4 Donation 5 Other (Specify) A	Lucus						
Ā	THE SIGNATURE OF FUNERAL SERVICE LICENSEE	1	Mar Mar	shall W.	Jones	.Ir. F	uneral	Hm PA
	Devia (edams)	Jus	410	1 Wdmond	Ison Av	e. Ral	to Mr	21229
NOIL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate		yrund	ial profuct	· ·			minute  3 in
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A	A CONSEQUENCE OF						
4	PART II. Other aignificant conditions contributing to death b	out not resulting i	in the under	lying cause given in	Part i. 24a. W	AS AN AUTOPSY ERFORMED?		AUTOPSY FINDINGS BLE PRIOR TO
EDICAL						ES 2 (NO		ETION OF CAUSE
					_   _			ES 2 DENO
-								
₹	25. WAS CASE REFERRED TO MEDICAL		2	6. PLACE OF DEATH (C	heck only one)			
ပ္က ၂	EXAMINER?  1 ☐ YES 2 ☐ NO	netions 3 DOA	OTHER:					
PHYSICIAN: M	27. MANNER OF DEATH 28a. DATE OF INJURY	28b, TIM		Home 5 Residence	6 U Other (Specif		OUDED	
BY P	1 Natural 5 Pending (Month, Day, Year) 2 Recident investigation		URY	WORK?	280. DESCRIBE	10W INJUNY OC	COHED	
COMPLETED E	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, stc. (Special Coulding)	— At home, farm, s	street, factory,	office	261. LOCATION ( City or Town,		or Rural Route Nu	ımber,
ا ت	294. CERTIFIER	are personal						
鱼	(Check only one)							
ဂ္ဂ ၂	one) 2 MEDICAL EXAMINER: On the basis of examination	n and/or investigatio	n, in my opink	on, death occured at the	e time, data and pla	ce, and due to t	he cause(s) and m	nanner sa stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DA	TE SIGNED (Month	, Day, Year)
	May mo					•	8/4/9	3
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,		Batimne	We -		-1-1-	
_	31. DATE FILED (Month, Day, 16ar)  32. REGISTRAR'S SIGN	WINDS	Mege	Butmar	MD	21	211	
5	AUG 0 5 1993	-Acodett						

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, La Plarcer Tild		ose	HAVE		2. DATE OF DEATH		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 2 2 0 - 9 4 - 6 3 7 5	5. SEX	6. AGE (In yrs. lesi birthday) 28 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SHRTN (Month, Day, Year) 1-24-19		BIRTHPLACE (State or Foreign Country) New York	
99. FACILITY NAME (If not institution, gr	ton Rd			or Location of Di		9c. COUNTY	OF DEATN	
1716 Chester RESIDENCE OF DECEDENT 100. STATE 100. COU MD Bal			TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
100. STREET AND NUMBER  1716 Cheste  11. Marital Status		<u> </u>		21244		10g. CITIZEN	OF WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 & IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s	ENDENT OF NISPAN ecify Cuban, Maxica 2 XNO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	na or No— 14.	RACE — American Indian, Black, White, atc.  Specify: Black	
18. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12)  17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5+)	(Give kind of life. Do NOT u	B USUAL OCCUPATE work done during mise retired.)  e Stude	st of working	16b. KIND OF BU	JSINESS/INDUST	TRY	
	Rose				ME (First, Middle, Melder ina Gray	Sumame)		
Plarcellus  190. INFORMANT'S NAME (Type/Print)  Marcellus Ro		19b. MAILING	G ADDRESS (Street		Route Number, City or Tox	wn, State, Zip Coo	de)	
200 METHOD OF DISPOSITION 1 Devial 2 Cremation 3 R		20b. PLACE AND DATE completely, crematory or of	OF DISPOSITION (N	me of	1	DCATION — City	or Town, State	
4 □ Donation 5 □ Other (Specify) □ 21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	Mary 1 an	22. NAME A	D ADDRESS OF FA	18-4 Lar Grown JR Elmore S			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ABS DUE TO (C	DISSEMINATE & MyCobacterium avium complex 6 m.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						
PART II. Other algolificant conditions	d	leath but not reculting	in the undarlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH			28. P	ACE OF DEATH (Ch	eck only one)		1   YES 2   NO	
EXAMINER?		ER/Outpatient 3 DOA			6 Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending  2 Accident Investigation		(, Year) IN	M 1 □	PRK7 YES 2 NO	284. DESCRIBE NOW			
	building, at	INJURY — At home, ferm, tc. (Specify)	street, factory, offic		281. LOCATION (Street City or Town, State	and Number or F	tural Route Number,	
000)		ny knowledge, daeth occur amination and/or investigati					euse(a) and manner as stated.	
See SIGNATURE AND STILLE OF CERTIFICATION	10			D383	MBER 98	29d. DATE SH	GNED (Month, Day, Year) Z -93	
/ Thel E.	Gallana	t. MD. 1		. Monvi	ment St	Rm7	201 Ralhmon	
AUG 0 5 1993	32. REGISTRAR	I'S SIGNATURE						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

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22853 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

REGISTRAR  DECEDENT'S NAME (First, Middle, Last)								- 1	
DECEDENT S NAME (FIRST, MIODIE, LEST)					2. DATE MONT	OF DEATH	AY	YEAR	3. TIME OF DEATH
CALVIN LEMUF					7		1	93	
. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS.		OF BIRTH h, Day, Year)		B. BIRTHP Country	PLACE (State or Foreign
224-22-8149	1 🕅 M 2 🗆 F	68 YRS.			12	3	24		Virginia
a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN	OR LOCATION OF	EATH		9c. COUNT	TY OF DE	ATH
2531 West Woodwe	11 Rd.		Dunc	lalk			Ва	alti	more
RESIDENCE OF DECEDENT  100. STATE  100. COUNTY		10c CITY	, TOWN OR LOCA	ATION					10d. INSIDE CITY
1000									LIMITS?
Md.   Bal	timore		Dunda						1 YES 2 NO
DE. STREET AND NUMBER			1	Of. ZIP CODE			10g. CITIZI	EN OF W	HAT COUNTRY?
2531 West Woodwe				21222				.S.A	
I. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YE	R IN U.S. ARMED		CENDENT OF HISPA pecify Cuban, Maxic			s or No— 1		American Indian, White, atc.
Never Married 2 Married  Wildowed 4 □ Divorced	IF YES, GIVE WAR OR			S 2 NO Spec		(110411)	0	Specify	
	WW-II								White
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S I	rork done during m		16b	. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	e retired.)						
7		Crane C	perator			Bethl	eham S	Stee	1
7. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First,	Middle, Malden	Surname)		
Clarence L. Ru	sh			Regin	ia Ja	ane Wo	lford		
De. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rura				Code)	
Bonnie Rush		2531	West W	oodwell	Road	Dund	alk. N	larus	land 212
On. METHOD OF DISPOSITION	I,	10b. PLACE AND DATE O			DAT		CATION - C		
23. PART i. Enter the diseases, or coshock, by heart failure. I.	omplications that caus	sed the death. Do n	Duda 7922	AND ADDRESS OF FUR RUCK Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fur Purch Fu	neral	undalk	, Md.	21	222 Approximate interval Betw
23. PART i. Enter the diseases, or c shock, or heart fallure. I MMEDIATE CAUSE (Final	DUE TO (OR AS	eech line.	Duda 7922 ot enter the m	Ruck Fu Wise Av	neral	undalk	, Md.	21	222 Approximate interval Betw
23. PART i. Enter the diseases, or control of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	DUE TO (OR AS	SA CONSEQUENCE OF	Duda 7922 ot enter the m	Ruck Fu	neral	undalk	Interpretation of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	91 et,	Approximate interval Betwoonset and De Guno S
23. PART i. Enter the diseases, or control of the shock, or heart failure. It is shock, or heart failure. It is shock, or heart failure. It is shock or condition esuiting in death)  Sequentially list conditions, if any, leading to immediate suss. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	DUE TO (OR AS	SA CONSEQUENCE OF	Duda 7922 ot enter the m	Ruck Fu	neral re. Di ch as care	Indalk diec or resp 24s. WAS AN PERFO 1 UYES :	Interpretation of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	91 et,	Approximate interval Betwo Onset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Cons
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23. PART I. Enter the diseases, or conshock, printer failure. It is a process of condition equiting in death)  Sequentially list conditions, farry, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST  PART II. Other significent conditions  5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined  9a. 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AND 2121 he hospital or att detached for use once.	E	Elementary/Secondary (		College (1-4 or 5	He	Do NOT us	se retired.)			
Nospi ached	MP	12								
MARYLAND retained by the hospita 5 should be detached notified at once.	8	17. FATHER'S NAME (First, A		D					18. MOT	
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BALTIMORE, tours after death. Page 6 may be d in by the funeral director, page or removal.		1 N Buriel 2 Cremetic	on 3 🗌 Rem	oval from State	20b. PLACE cemetery, cre ALLE					
Page dire	1	21. SIGNATURE OF FUNERA		ENSEL	ALLE	GUENI			ND ADDRE	FSS
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BA in safter de n by the f removal.	$\vdash$	23. PART I. Enter the d	19	17. k	d				EUTA	
TAL RECORDS, P.O. BOX 68760, The law requires that the death certificate be executed within 28 note that been signed by the attending physician and completely filled are Dept. of Health and Mental Hyglene prior to bunial, cremation, or em 23 shows any Injury, or other traumatic event, the m	IAN: MEDICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS  PART II. Other aignifications.	ant condition	d	(OR AS A CONSEC		P): 0	nderlyin	g ceuse	give
F as as 5	ᄓᄓ	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:		
DF VI: PHYSICIAN: this certifical with the Sturked, or like	PHYS	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	JURY AT	2810
NG PHYS fifer this earth with			Pending Investigation	(Month, D	Pay, Year)	INJ	URY M	1 🔲	YES 2	
0 0 4 0 0	р ВУ	2 Accident 3 Suicide 8	Could not be	28e. PLACE C	OF INJURY — At he atc. (Specify)	me, farm, s	street, fact	ory, offic	ia.	_
OTVISION OR ATTEN DIRECTOR: hours after Item 28 I	TED	4 Homicide	detarmined	toutiumy,	med. (Specify)					
DIV OR A DIREC Hours	COMPLET	29a. CERTIFIER 1 CERT	TIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occurre	ed at the t	ime, data	and place	n. ar
HOSPITAL FUNERAL Within 72	N N	onel		R: On the beals of a						
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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STATE OF MA				HEALTH AND	MENTA	AL HYGIEN REG. NO.	E			
THURMAN	RUTH SI	MITH			2. DAT	E OF DEATH	0 - 9	YEAR	3. TIME OF DEATH	м
	AGE (In yrs. las	· ·	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mor	E OF BIRTH (th, Day, Year) 15/194.		Countr	PLACE (State or Foreign X) CAROLINA	
et and number)		91	BALTIM	OR LOCATION OF	DEATH		9c. COUN	TY OF D	EATH	
			OWN OR LOCAL	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
Ε.			1	1229			USA		VHAT COUNTRY?	
2. WAS OECEDENT EV FORCES? 1 I	YES 2 XN		If yes, sp	CENDENT OF HISP pecify Cuban, Mexi S 2 XNO Spec	can, Puerto	IN? (Specify Yea Rican, etc.)	or No-	14. RACE Black Speci BL/	— American Indian, t, White, etc.	
rion mpleted) College (1-4 or 5+)	(Gi	CEDENT'S US ve kind of work Do NOT use n	UAL OCCUPATION of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during months of the during m	ON ost of working	16	b. KIND OF BUS	INESS/INDU	JSTRY		
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DUE TO (OR	AS A CONSEC	UENCE OF):								
contributing to dea	eth but not re	esuiting in t	he underlyin	g ceuse given i	n Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
IOSPITAL:	N/Outpatient 3	□ DOA 4	THER:	LACE OF DEATH (C			1031	rice		
28a. DATE OF INJ (Month, Day, )		28b. TIME O		JURY AT DRK? YES 2 NO	28d. OE	SCRIBE HOW IN	JURY OCC	URED		
28e, PLACE OF IN building, atc.	IJURY — Al hoi (Specify)	ne, farm, stre	et, factory, offic	ca .	28f, LO C/f)	CATION (Street a v or Town, State)	nd Number o	or Rural R	loute Number,	
N: To the best of my									and manner as stated.	
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1993

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BOSTON Northwest hospital

32. REGISTRAR'S SIGNATURE

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND E OF DEATH	MENTAL HYGIER		93 2285
	1. DECEDENT'S NAME (First, Middle, Last)  Agnes	E Sydnor			2. DATE OF DEATH MONTH	7	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-28-2561	5. SEX 6. AGE (In yrs.	62 YRS. MONTH			1931	BIRTHPLACE (State or Foreign Country) Maryland
TOR	98. FACILITY NAME (If not institution, give at Baltimore County RESIDENCE OF DECEDENT			ry, town on Location of Randallstown	DEATH	9c. COUNT	Baltimore
DIRECTOR	10a. STATE 10b. COUNTY	ltimore	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
FUNERAL	3303 Ripple Road			101. ZIP CODE 21244		10g. CITIZE	N OF WHAT COUNTRY? USA
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 1:	3. WAS DECENDENT OF NISP If yes, specify Cuban, Maxie 1 YES 2 NO Spec	can, Puarto Rican, atc.)	na or No — 14	I. RACE — American Indian, Bleck, White, atc. Specify:
ЕТЕР	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a.  Completed)  College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BU	JSINESS/INDUS	Black
COMPL			Ног	jsevi fe			
E C	17. FATHER'S NAME (First, Middle, Last)				IAME (First, Middle, Maider	n Sumame)	
00	Harry Johnson 19a. INFORMANT'S NAME (Type/Print)	T	19b. MAILING ADDRE	SS (Street and Number or Rura	a Smoot  I Route Number, City or Tox	vn. State. Zip Co	ode)
2	Hubert Sydnor			ole Road Ba			
	20a. METHOD OF DISPOSITION  1	oval from Stata 20b. PLAC cametery, MD Ve	CE AND DATE OF DISP	OSITION (Name of	DATE 200 10	OCATION CI	y or Town, Stata Mills, Maryla
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE BOWL	1 2	2501 Gwynns 1 Baltimore, M	Mutter Falls Park	Funera	al Homes, Inc.
	23. PART I. Enter the diseases, or c ehock, or heart fellure. I	omplications that caused the list only one cause on each if	death. Do not ente	or the mode of dying, su	ch es cardlec or reep	olratory arres	t, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		organu	gystem fail	lures		Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infilleted events	DUE TO (OR AS A CONS	SERVENCE OF:	waseulars a	md conone	ery art	tery dis
CERTI	resulting in death) LAST	l,					
PHYSICIAN: MEDICAL	PART II. Other significent conditions Quitoimmunes Remal invert	remolytic are	1	underlying cause given in	n Pert I. 24s. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	theck only one)		1
YSi	1 TES 2 NO	HOSPITAL: 1 Impatient 2 ER/Outpatient	3 DOA 4 N	R: ursing Home 5 - Residence	6 Other (Specify)		
ВУ РН	27. MANNIER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	RED
	3 Suicide 8 Could not be determined	26s. PLACE OF INJURY — At building, etc. (Specify)			281. LOCATION (Street City or Town, State	)	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	EIAN: To the best of my knowledge, R: On the basis of examination and/	death occurred at the or investigation, in my	time, data and place, and du opinion, death occured at th	e time, data and place, as	nner as stated.	suse(a) and mannar as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	10		29c. LICENSE NU	JMBER	29d. DATE S	IGNED (Month, Day, Year)
F 1	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF DEATH (	TERE 070 (T 0.1 1)				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR	RTMENT O	F HEA	LTH FAT	AND I	MENTAL	HYGIEI	NE	3	22856
	1. DECEDENT'S NAME (First, Middle, Last) Gilbert H. Skill			<b>511.1.</b>	IOAI L	J1 D.	-/-	11	2. DATE MONTH	OF DEATH	DAY	993	3. TIME OF DEATH 1940 P M
	215-U7-7658	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE	_	UNDER	24 HRS. MIN.	7. DATE ( (Month	OF BIRTH Day, Year)		8. BIRTH	IPLACE (State or Foreign y)
TOR	98. FACILITY NAME (If not institution, give some statements)  St. Agnes Hospit				96. CITY, TO 900							NTY OF C	
DIRECTOR	Maryland Howa			10c. CIT	Y, TOWN OR L	OCATION							10d. INSIDE CITY LIMITS? 1 YES 2 V NO
FUNERAL	16127 Hanover Ros	ad d				10f. ZIP		076			10g. CIT	ZEN OF V	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR  YES 2	RMEO	13. WAS If ye 1 _	DECENDE , specify YES 2	ENT O	F HISPAN n, Maxica Specify	IIC ORIGIN n, Puarto R	? (Specify Yollican, atc.)	na or No	14. RACI Blac Spec	E — American Indien, k, Whita atcr
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5 a	(G	CEDENT'S live kind of Do NOT u	USUAL OCCUI work done durin se retired.)	PATION g most of	working	g		KIND OF BU	JSINESS/INC	USTRY	
NO.	17. FATHER'S NAME (First, Middle, Lest)					10	MOTH	ED'O NAI		HdTTT.			
	Thomas H. Skillr	man				10.			Undu		n sumeme)		
) BE	19a. INFORMANT'S NAME (Type/Print)	III-111	196	b. MAILING	ADDRESS (St	eet and N		_			wn, State, Zip	Code)	
임	Leona A. Skillmar	1			lanover								
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stata			of disposition			ark	8/5	20c. Lo	yland	City or To	wn, Stata
	21. SIGNATURE OF A DIMENIAL SERVICE LI	L. Ka	Ame	n	569	95 Ma	ain	Str	reet,	Elkr	l Hom	MD	21227
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that List only one cau	t caused the de se on each line	ath. Do i	not anter tha	moda o	of dyin	ng, such	h aa card	lac or reap	oiretory arr	eat,	Approximata Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Malia	nant	L	ympl	non	a						Onset and Daath
NO	Sequentially list conditions.	. Chyon	OR AS A CONSECUTION REPORTED TO	nal	fa	i leur	re.						
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
CERTIFICATION	that initiated events resulting in death) LAST	oue to	(OR AS A CONSEC	DUENCE O	F):								
_	PART ii. Other aignificant condition	ns contributing to	daath but not r	eauiting	in the under	lying car	use g	iven in l	Part i.	24a, WAS AI		24b	. WERE AUTOPSY FINDINGS
S										PERFO	RMEO?	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL											- 6 19		OF DEATH?  1 YES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	8. PLACE	OF DE	ATH (Che	ock only one	9)			
)S	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing	Home 5	☐ Res	ildence	8 Other	(Specify)			
ву Рн	27. MANNER OF DEATH  1  Natural 5 Pending 2  Accident Investigation	28a. DATE OF (Month, Da		28b. TIM	URY	WORK?		NO	28d. DES	CRIBE HOW	INJURY OCC	CURED	
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At ho atc. (Specify)	me, farm,	street, factory,	office			281. LOCA City o	TION (Street or Town, State	and Number	or Rural F	Boute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCONANTIAL EXAMINE												) end manner ea stated.
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF BERSON WH	Lea	n8 C	red.	Reside			NSE NUM		0	29d. DATI	SIGNEO	(Month, Day, Year) -93

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	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bui	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	28 is marked or item 22 shows any injury or other traumotic event the medical eventual he medital at some

		93 22857
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	1. DECEDENT'S NAME (F)SI, MIGGIE, Last)	2. DATE OF DEATH DAY YEAR S. TIME OF DEATH MONTH YEAR YEAR
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. $2 \cdot 16 - 36 - 4830  15 \times 10  \text{M} \cdot 2  \text{F} \qquad 57 \times 100  \text{F}  \text{MONTHS} \qquad \text{DAYS} \qquad \text{HOURS} \qquad \text{MIN.}$	7. DATE OF BIRTH (Month, Dey, Year)  112 - 41  8. BIRTHPLACE (State or Foreign Country)  Md.
OR	90. FACILITY NAME (If not institution, give street and number)  Liberty Medical Center BAIII	DEATH 9G. COUNTY OF DEATH
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  A. BATIMA	10d. INSIDE CITY LIMITS? 1 Mary Yes 2 □ NO
FUNERAL	100. STREET AND NUMBER  23/0 Ash Land Ave 2/20	10g. CITIZEN OF WHAT COUNTRY?
BY FUN		ANIC ORIGIN? (Specify Yes or No.— 14. RACE — American Indian, Black, White, etc.)
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KINO OF BUSINESS/INOUSTRY
6	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S P  18. MOTHER'S P  Fell	IAME (First, Middle, Meldel Surneme)
TO BE	190. INFORMANT'S NAME (Type/Print)  FELICE MI. SCOTT 2310 AShland	
Tenin I	20e. METHOD OF DISPOSITION  1	DATE 20c. LOCATION - City or Town, State 8-9-93 Randalls Town, Md
CAGIIII	21. SIGNATURE OF FUNERAL SERVICE UCTABLE  22. NAME AND ADDRESS OF I	14 Lie-movieion 21217
RTIFICATION	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	ch es cardlec or respiratory errest, Approximate interval Between
ERTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying causa given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIA	25. WAS CASE REFERRED TO MEDICAL   28. PLACE OF DEATH (0   EXAMINER?   1   YES 2   NO   1   Inpetient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence	
	28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLET	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and do not not not not not not not not not no	
BE	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NI  030	29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TETANCE LAMB MO WIDE-TO	Medul Center Biltime
5	AUG 0 5 1993 Superior Marie Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Su	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. Of Health and Mental Hygiere prior to burial, chemicion, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22858

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	93	22858				
1. DECEDENT'S NAME (First, Middle, L	Rita Angeli		i	2. DATE OF DEATH MONTH DA						
4. SOCIAL SECURITY NUMBER  218 ≈ 14 ≈ 6189  9a. FACILITY NAME (If not institution, g	1 🖄 M 2 🗆 F	8 YRS.	UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.  D. CITY, TOWN OR LOCATION OF	4-10-192	Cou	ATHPLACE (State or Foreign Intry) Maryland				
7318 Waldman	Avenue		Edgemere	DEATH		imore				
10e. STATE 10b. CO		10c. CITY, T	OWN OR LOCATION	Edgemere		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
100. STREET AND NUMBER 7318 Waldman	Avenue	- 46	10f. ZIP CODE 2121			ed States				
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	BI	ACE - American Indian, ack, White, etc.				
15. DECEDENT'S (Specify only highest (Specify only highest (Specify only highest (O-12)) (Specify O-12)	rede completed) College (1-4 or 5+)	life. Do NOT use re	ibrary Tech.		ward V.	A. Hospital				
17. FATHER'S NAME (First, Middle, Last Peter S. Bart			Viola							
190. INFORMANT'S NAME (Type/Print)  Wt. George W.  200. METHOD OF DISPOSITION 1123-Burlat 2 Cremetton 3 0			oness (Street end Number or Aun Valdman Ave.			21219				
23. PART I. Enter the diseases, shock, or heart feli	(Fin)	ed the death. Do not each line.	22. NAME AND ADDRESS OF Duda⇒Ruck Fu 7922 Wise Aventer the mode of dying, s	neral Home	. Marul					
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	IMMEDIATE CAUSE (Finel disease or condition									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
	1 160 2 3 110									
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	10	28. PLACE OF DEATH (	Check only one)						
1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigat	1 □ Inpetient 2 □ ER/OL  28e. DATE OF INJURY (Month, Day, Year)	repetient 3 DOA 4	□ Nursing Home 5 Residence F 28c, INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED					
3 Suicide a Could no 4 Homicide determine	ba 28e. PLACE OF INJUI	RY — At home, ferm, streecify)	et, fectory, office	281. LOCATION (Street e City or Town, State)	nd Number or Run	al Route Number,				
onel			nt the time, data and place, end d			e(e) and menner ea stated.				
29b. SIGNATURE AND TITLE OF CERT	- 40		D38		29d. DATE SIGN	IED (Month, Day, Year)				
	ERNAUT, BAL	カイルで、ト		WILLIAM	SHV	NFMAN				
AUG 0 5 1993	32. REGISTRAR'S SIG									



Appear are a series and appropriate

ALLE DE 1903 SCHOLESON MAN

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	lied in by the funeral director, page 5 should be detached for use as the bunal-transit per	
TIMORE, MAI	1. Page 6 may be retained	ral director, page 5 shou	
BAL	nours after death	led in by the fune	20,000,000

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 Of	T DIS	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	1 16
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	H	THE	filed	PO
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	ERTIFICATE	OI	F DEAT	ГН		REG.	NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF I		ENTAL HYGIEN	E	
ĺ	DECEDENT'S NAME (First, Middle, Last)     ALVINA	ALICE	SEIXAS		2. DATE OF DEATH DO 2	-0	3. TIME OF DEATH
	045-12-9433	6. AGE (In yrs. Is	YRS. MONTHS DAYS	HOURS MM.	7. DATE OF BIRTH 4-17-1908	BO 3 Pe	ennsylvannia
TOR	9a. FACILITY NAME (If not institution give street  INDS OF E  RESIDENCE OF DECEDENT	vergreen,	,	altimore (		9c. COUNTY O	F DEATH
DIRECTOR	10e. STATE 10b. COUNTY	0	10c. CITY, TOWN OR LOCAL Baltimor				10d. INSIDE CITY LUMITS? 1 YES 2 NO
FUNERAL	2525 W. Belvedere			2/2/	5		J.S.A.
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 X IF YES, GIVE WAR OR DATES	NO If yes, ap	ENDENT OF HISPANIC ecity Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)		ACE — American Indian, Hack, White, etc. pecify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12) 6 YY S	mpleted) ((	DECEDENT'S USUAL OCCUPATION of work done during made to the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the pr	ON sst of working	16b. KIND OF BUS	BINESS/INDUSTR	Y
BE CON	17. FATHER'S NAME (First, Middle, Last) Victor	Sudvoy		18. MOTHER'S NAME JUlia	E (First, Middle, Meiden		enkowski
10	Mrs. Lynn A. Cris		3 Galahad Coi		ute Number City or Tow timore, MI		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State cemetery, cr	eand date of disposition (National Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control o	aith 8/	4/93 B	cation — chy o	e, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	took &	Leor	nd address of Facilities and J. Ru	ck, Inc.		
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):	nelsome			Approximate Interval Between Onset and Death
AL	PART II. Other significant conditions	contributing to death but not	resulting in the underlyin	g cause given in Pr	art I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
PHYSICIAN: MEDIC					1 YES 2		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA		10SPITAL:	ОТНЕМ:	ACE OF DEATH (Check			
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN.		28d. DESCRIBE HOW I	NURY OCCURED	)
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,
COMPLET		N: To the best of my knowledge, d On the beele of examination end/or					se(e) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Mo		29c. LICENSE NUMB	ER	29d. DATE SIGN	NED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)	/	1. 1		
	31. DATE FILED (Month, Day, Year)	Hleman	1777 Kes	ters fran	CA #	365	

TA	Item1	9	1	7	9	F	i
	FOR	-			-		

1m702,8/12/93,1t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTI	FICATE C	F DEATH		REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last)	PHR	CELL			2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
Michael		reel	Thoma	as	07			93	11:52
4. SOCIAL SECURITY NUMBER 218-94-8442	5. SEX 8	. AGE (In yrs. last birthday	MONTHS DAY		(Mont	OF BIRTH		8. BIRT	HPLACE (State or Foreign try)
		25 YRS.			Sept	17			Maryland
9a. FACILITY NAME (If not institution, give a  4700 block Lit  RESIDENCE OF DECEDENT		ights Ave		timore C			9c. COI	INTY OF I	DEATH
10s. STATE 10b. COUNTY	1	10c. C	ITY, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
Maryland	Baltimore							1 X YES 2 NO	
10a. STREET AND NUMBER 5212 Gwynn Oak A	venue			101. ZIP CODE 21207			10g. Cl		WHAT COUNTRY?
11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF	YES 2 NO	If yes	DECENDENT OF HISPA , specify Cuban, Maxico YES 2 NO Specifi	nn, Puarto		Yea or No—	14. RAC Blac Spec	E — American Indian, ck, White, atc. chy: Black
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	s usual occup f work done during use retired.)	most of working	160	. KIND OF B	BUSINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)		0.5	TOMO TO	18. MOTHER'S NA	ME (First,	Middle, Malde	en Surname)		
Samuel Washington	<b>4</b> .					er The			
19a. INFORMANT'S NAME (Type/Print)	*	19b. MAJLIP	NG ADDRESS (Stre	et and Number or Rural				ip Code)	
Jennifer Cox				ak Avenue		Baltin			21207
200. METHOD OF DISPOSITION		20b. PLACE AND DAT			DAT	V	LOCATION -		
1 Durial 2 Cremation 3 Rem	oval from Stata	Metro Cr		(1481110-07	8/2				Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	TICCIO CI		E AND ADDRESS OF FA					1 Homes, I
23. PART I. Enter the diseases, or shock, or heert fellure.	complications that co	Bally couley coused the death, Do	2501 Balt	Gwynns F cimore, Ma mode of dying, suc	alls ryla	Parlo	Way 1216 plratory a	rreat,	Approximata interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	R AS A CONSEQUENCE	OF):	of Wor	vra				
PART ii. Other significent condition	s contributing to de	esth but not reculting	in the underl	ying cause given in	Part I.	24a, WAS /	AN AUTOPSY	24	b. WERE AUTOPSY FINDIN
					_	PERF	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				B. PLACE OF DEATH (C)	neck only o	ne)			
1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3 - DOA	OTHER:	Home 5 - Rasidence	6 ST Othe	er (Specify)	All	917	
27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF IN (Month, Day,	JURY 26b. T	IME OF 28c.	INJURY AT WORK?	***	SCRIBE HOW			
2 Accident Investigation 3 Suicide 6 Could not be	07/27 28a. PLACE OF building, at	INJURY - At home, farm	448	YES 2 NO	281, LO	abjec CATION (Street or Town, State	et and Numb		Route Number,
4 Homicide determined	Senerily, an	Al.	ley			00 bk		ber	tv Heigh
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE		y knowledge, death occumination and/or investiga					nanner aa at	ated.	
296. SIGNATURE AND TITLE OF CERTIFIE	sis f.	Charte up		29c. LICENSE NU			29d. DA		28/1993
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE								1 04004
	-		nn Str	eet, Bal	time	ore,	Mary	Lan	d 21201
AUG 0 5 1993	Julia David	S SIGNATURE							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nous after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present 2 hierarch after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



and the second

Federico G.

31. DATE FILEO (Month, Day, Year) AUG 0 5 1993

M.D.

22. RECHETHAR'S SIGNATURE

1622 A.

Arthes,

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND .	/ DEPAR ERTIF					MENTAL			3	22001
	1. DECEDENT'S NAME (First, Middle, La.	200	1 22	1	39	E OF	DEA	п	2. DATE			YEAR	3. TIME OF DEATN  1:30 A.
	4. SOCIAL SECURITY NUMBER 215-05-1536	SEX  1 M 2 X F	6. AGE (In yrs. Is			DAYS	IF UNDER	24 HRS.		OF BIRTN , Day, Year)	31 1900	8. BIRTI	HPLACE (State or Foreign
TOR	Berlin Nursing	Home			9b. CIT		clin	ON OF D	EATN	9c. COUNTY OF WOrces			
DIRECTOR	Md.	cester			y, town Ber	or Loca lin	TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Rt. 50 and Rt. 1					101. ZIP CODE 10 21811							S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W		RMED NO	13	If yes, sp		n, Mexica	nn, Puerto R	? (Specify Ye lican, etc.)	e or No-	14. RACI Blac Spec	E — Americen Indian, k, White, etc. #/y: White
E COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		(0	ECEDENT'S Give kind of to b. Do NOT us	work done	during me	ON ist of workin	ng	16b.	KINO OF BU	SINESS/IN	DUSTRY	wirte
	17. FATHER'S NAME (First, Middle, Last)			Cle	rk				, ,	liddle, Maiden	,		
TO BE	John F. Corcoran Catherine E. Mulligan  196. INFORMANT'S NAME (Type/Print)  Catherine Dyer  5 Lough Mask Ct. Apt. 202 Timonium, Md. 2									1. 21093			
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 R. 4 Donation 6 Other (Specify)		20b. PLACE cemetery, cn New	ematory or o	ther place	1		y 8,	OATE		altin		
	21. SIGNATURE OF FUNERAL SERVICE  Wallace		obs, s	٦.	1	Ruck		on I	uner	al Hon			1
	IMMEDIATE CAUSE (Fine)												
CERTIFICATION	disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  LAR AIV Repair Description of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the proper									year. Year			
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SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 7 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE NO	R:			eck only one				
ВУ РНУ	27. MANNER OF DEATH  1 V Natural 5 Pending 2 Accident Investigation		iy, Year)		E OF URY M	28c. INJ WO 1 🔲 1	URY AT RK? /ES 2		_	CRIBE NOW I	NJURY OC	CURED	
B	3 Suicide 6 Could not b	building,	F INJURY — At ho						City o	r Town, State)			Route Number,
COMPLET	2 MEDICAL EXAM												e) end manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  To Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Complete the Co												

Ocean Pines, Berlin, Maryland 21811

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR		CE	RTIF	ICATE (	OF C	DEATH	MENIAL	REG. NO.			
)		1. DECEDENT'S NAME (First, Middle, Last) JOSEPH	WATTS							GUST OF	<b>y</b> 2, 1	993	3. TIME OF OEATH 2:25 P M
		4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las	birthday)	IF UNDER 1 YE		IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH Day, Year)		6. BIRTHP Country)	LACE (State or Foreign
P		216-34-6347	1-7 M 2 - F	55	YRS.				March	24 1	938		Maryland
3 should	æ	9a. FACILITY NAME (If not institution, give st THE JOHNS HOI		DITAL				LOCATION OF OE			-	NTY OF DE	
1. 2,	5	RESIDENCE OF DECEDENT	103	PITAL		BAL	I T I	ORE CIT	Y	BALTIMOR			IRE
Sages	DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO							IOd. INSIDE CITY LIMITS?
sit permit. Pages		Maryland 100. STREET AND NUMBER				Balti	_					_	YES 2 NO
ed Jie	FUNERAL	431 North Washing	ton Stron	<b>&gt;</b> +			10f, Z	21231			10g. CIT		IAT COUNTRY?
1	S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13, WAS	DECEN	VIZOT	IIC ORIGIN?	(Specify Yea	or No—	USA 14. RACE -	- American Indian
3	B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA	YES 2 NA	0	If you	s, speci	Ify Cubsn, Maxical I NO Specify	n, Puarto Ri			Black, Specify.	White, atc.
use a	ETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(G/	ve kind of	USUAL OCCUP	PATION g most	of working	16b.	KIND OF BUS	SINESS/INC	DUSTRY	2220012
oital or	PLE	Elemantary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	1000							
by the hospital of the detached for at once.	COMPL	Jr High School  17. FATHER'S NAME (First, Middle, Last)				Cook		16. MOTHER'S NAI				ursin	ig Home
of 6 €	ш	Samuel Watts						Dorot			ourname,		
be retained to ge 5 should le notified	TO B	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Sin	eet and	Number or Rural F			n, State, Zip	Code)	
2 8 0	-	Loveline Johnson		43	1 No	rth Wa	shi	ington S	St.	Ba1t	imor	e, MI	21231
leath, Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION  11/2 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE A		F DISPOSITION			DATE			City or Town	
Page il direc		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	-PGTC1	more				8/7	Bal	timo	re, M	Maryland Momes, Inc.
0 = 0		Harbert	E. m.	the		250 Ba 1	1 0	Gwynns F more, Ma	alls	Parkw	rune ray	Ial n	iones, inc.
d in by th or remove medical		23. PART I. Enter the disesses, or conshock, or hard fallure. L	omplications that	ceused the de	eth. Do r	ot enter the	mode	of dying, such	h as cardi	ec or respi	ratory sn	rest,	Approximete
y filled i		IMMEDIATE CAUSE (Final											Interval Between Onaet and Death
		disease or condition resulting in death)	DUE TO	BRA	W Z	Nouney							22 DA45
B 6 4 6	_							1ATTON	AF.	Vosa			77 2445
	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEC	UENCE O	F):		141198	Ur /				60 3111
physician ne prior t	CA	CAUSE (Disease or Injury											
certifica ding phy lygiene	E	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	UENCE O	F):							
the death certificate be the attending physician d Mental Hygiene prior injury, or other trau													
	DICAL	PART II. Other significent conditions					lying o	csuss given in	Part I.	24s. WAS AN PERFOR			VERE AUTOPSY FINDINGS
2 5 E	ğ	HYDROMYGJA U	VITH QUIT	ON PHE	6515				-	1   YES 2	DNO	) .	OMPLETION OF CAUSE OF DEATH?
e law requires has been sign Dept, of Hea n 23 shows	: MEC											1	YES 2 NO
he law b has t e Dept	SICIAN	25. WAS CASE REFERRED TO MEDICAL			_	20	6. PLAC	CE OF DEATH (Che	ock only one	)			
SICIAN: The certificate h th the State of, or Item	rsic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing I	Home	5 Residence	6 🗆 Other	(Specify)			
PHYSIC this ce with th	РНУ	27. MANNER OF CEATH  1 Netural 5 Pending	28a. DATE OF II (Month, Day		26b, TIM INJ	E OF 28c.	. INJUR		28d. DE\$C	RIBE HOW I	NJURY OC	CURED	
DING PHYS After this c death with s marked	BY	2 Accident Investigation	28a DI ACE OF	INJURY — At hor	a fam.			S 2 NO					
TTEND TTOR: /	日	3 Suicide 8 Could not be 4 Homicide determined	building, e	tc. (Specify)	rew, rantiti, c	nreet, ractory, c	OTTICE		City or	TION (Street a Town, State)	nd Number	or Hural Ho	ute Number,
DR A DIREC	LET	29a. CERTIFIER (Check only	IAN: To the best of n	ny knowledne des	th occum	ed at the time	dete er	nd place, and due	to the caus	a(a) and man			
HOSPITAL FUNERAL WITHIN 72 P	COMPL	(Check only one) 2 MEDICAL EXAMINER											and manner as stated.
E FUN d with	O H	296. SIGNATURE AND TITLE OF CERTIFIER		1									fonth, Day, Year)
TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: I	TO B		hhi K	my M	10		-	JOHNS HOW LS157	icins pr	NA	▶ <	3/2/9	73
	F	30. NAME AND ADDRESS OF PERSON WHO							,				
		JAVID 1-1 KONG 70 31. DATE FILED (Month, Day, Year)	DUNETR 110	JOHNS ,	HOFE	cins H	051	MAR. B	MARINA	one,	MD	212	05
	31	All 6 0 5 1993	2. REGISTBAR	S SIGNATURE	A 800 -								

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IMPORTANT: It Item 28

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VITAL RECORDS, P.O. BOX 68760, SICIAN: The law

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) JAMES E WILLIAMS ames Williams 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 215-09-1623 DAYS HOURS 1 6-11 2 F Mary land 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Europale Hebrew Gerlature Contert DIRECTOR Baltimore na RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY Maryland 1 YES 2 NO na Baltimore FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5503 Stonington Avenue 21207 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. a, specify Cuban, Maxican, Puerto Rican, etc.) FORCES? 1 YES 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Black Specify: Specify: BY 3 Widowed 4 Divorced WW II Yes White 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com Elementary/Secondary (0-12) College (1-4 or 5+) Postal Worker Federal Gov't 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) lena Osborno Boldina Anne James E. Williams, BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Audrey Williams Stonington Avenu, Balto, MD 21207 20a. METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE Burial 2 Cremation 3 Removal from State 4x Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wade, Dir Ronald StateAnatomy Board 655W.BaltimoreSt, Balto, MD 21201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory srrest, shock, or haart failure. List only one cause on each line. interval Batween **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) اعا CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate MEH cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in daeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? t YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26, PLACE OF OEATH (Check only one) HOSPITAL OTHER: 1 TES 2 N 1 Impetient '2 I ER/Outpetient 3 I DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nursing Ho 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and piace, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occ 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) evindele JANI a. M. SYNIL. 32. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO		22004
1. DECEDENT'S NAME (First, Middle, Last)			X12 01	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
MICHAEL	RU	JFF W	ILLIA	MS	8 3	1993	3:52 A M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign
216-76-2233	1 <del>X</del> X <sup>M 2</sup> □ F 31	YRS.	VTHS DAYS	HOURS MIN.	12-23-6	1 MAF	RYLAND
9a. FACILITY NAME (If not institution, give		ORTH AVI	_	BALTIM		9c. COUNTY OF	DEATH
STREET-1900 BL	OCK OF E. NO	JKIH AVI		DEITITI	OKE CITT		
10a. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCA	TION			10d. INSIDE CITY
MARYLAND		BAL	TIMOR	E			1 YES 2 NO
10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
1825 E. NORTH		UNITE	D STATES				
11. MARITAL STATUS  1) Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2	₩ NO	If yes, sp	ecify Cuban, Mexica	NIC ORIGIN? (Specify Yes in, Puerlo Rican, etc.)	or No- 14. RAI	CE — American Indian, ck, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE:	s ^	1 🗆 YES	3 2 □^NO Specif	у:	Sp	SEACK
15. DECEDENT'S EDU (Specify only highest grade	JCATION 16 o completed)	a. DECEDENT'S USU (Give kind of work life, Do NOT use ret	done during me	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOT Use rec	irea.j		CATE	DINC	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		
SIMON WILLIAM	S		-:	BARBAR	A MITCHE	_L	
MR. SAMUEL MI	TCHELL R.	196 MAILING ADD	PENTW(	OOD RD	BALTIMORI	n, State, Zip Code) EMD 21	239
20a. METHOD OF DISPOSITION  1. Burlel 2 Cremetton 3 Rem  4 Donatton 5 Other (Specify)		ACE AND DATE OF DI			1	CATION — City or 1	
21. SIGNATURE OF FUNERAL SERVICE LIN		NO MEMO		PARK		NALLSTO	WN ,MD
I Jeresa L.	Chame		WM.			01 E. N	IORTH AVE.
23. PART i. Enter the diseases, or	complications that caused th	a dasth. Do not a	intar the mo	da of dying, suc	h as cardiac or reapi		Approximats
IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	List only one cause on each	of his	ord	ofCl	estand	Abdo	Interval Between Onset and Death
	DIE TO (OR AS A CO	NSEQUENCE OF):				1	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE OF):					
CAUSE (Disease or Injury that initiated events	COUE TO (OR AS A CO	NSEQUENCE OF):					
resulting in death) LAST	d						
PART II. Other eignificant condition	ns contributing to death but r	not resulting in th	a underlyine	g cause given in	Part I. 24a, WAS AN	ALITOPSY 24	b. WERE AUTOPSY FINDINGS
					PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1/TYYES 2	□ NO	OF DEATH? 1 ★ YES 2 □ NO
							X TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)		
1 □XYES 2 □ NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient		HER: Nursing Hom	e 5 🗆 Residence	Sther (Specify)	PUBLIC	STREET
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO	URY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
1 Netural 5 Pending 2 Accident Investigation		993 3:5	2A 101	YES 2 X NO	SUBJEC	T SHOT	
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)  STREET-19(			AVENUE	28f. LOCATION (Street a City or Town, State) BALTIMO		
29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the bast of my knowledg						
(Check only one) 2 MEDICAL EXAMINE	R: On the basis of exemination an	d/or investigation, in	my opinion, d	eath occured at the	time, data and place, and	ner an atsted. I due to the cause	(a) and manner as stated.
296. BIGNATURE AND TITLE OF CERTIFIER	1	^		29c. LICENSE NUN			
/ anon	We BO M	0		OCM.		8	3 1993

Street,

Baltimore, Maryland

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

31. DATE FILED (Month, Day, Year)
AUG 0 5 1993

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21201



1	•	FOR STATE REGISTRAR
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	REGISTRAR		CI	ERTIFIC	CATE OF	DEATH		REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Lest)		_				2. DATE OF	DEATH ()	8703	/93 YEAR	3. TIME OF DEATN
1	FREDA A WILL	-IAMS/ Fr	eda	Adole	. Ui 11-	iama	MONTH	8 8	3	TEXAR 93	4: 10 PM
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AG	E (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			IPLACE (State or Foreign
	217-62-1982				IONTHS DAYS	HOURS MIN.	(Month, D	my, Ybar)		Count	(Y)
	as Each TY MANE (I and bridge ) Mary I all										
m	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH								EATH		
5	University of MD Hospital Baltimore City										
DIRECTOR	10- CTATE 10- COUNTY										
<u>~</u>				IOC. CITY,	TOWN ON LOCA						10d. INSIDE CITY LIMITS?
	Maryland					imore				1 X YES 2 NO	
₹	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CIT	TIZEN OF V	VHAT COUNTRY?
FUNERAL	2303 Tioga Parl	kway				21	215			US	Д
5		2. WAS DECEDENT EVER					14. RACE	- American Indian			
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	••		2 NO Spec		n, atc.)		Speci	k, White, etc.
	3 Widowed 4 Divorced										Black
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  12  12  Secretary  16. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY											
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)						
9	12			Sec	retary	7	En	och	Pra	t.t. I	Library
Ö I	17. FATNER'S NAME (First, Middle, Last)				necession energy	18, MOTNER'S N					2202427
BE	Kermit L.	Williams				1	Darc	anda	M	Ног	baar
	19e. INFORMANT'S NAME (Type/Print)			. MAILING A	DDRESS (Street a	and Number or Rural	Route Number	City or Town	State Zi	in Code)	walu
2	Darcenda M. Wil	lliama				Pkwy.					01015
	20e. METNOD OF DISPOSITION				DISPOSITION (NE		DATE			City or To	21215
	1 Buriel 2 XCremation 3 Remova 4 Donation 8 Other (Specify)	from State	emetery, cre	matory or othe	r place)	,Inc.	DATE	1			
		IV.	letro	) Cre	matory	, inc.	8/4	Ba	11t1	more	e, MD
İ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Cremation Society of Md., Inc.										
	George E. M	MacNabb			299 1	rederi	ck Ro	ad F	3a1t	0.	MD 21228
	23. PART i. Enter the diseases, or con	nplications that ceus	ed the de	eth. Do no	enter the mo	de of dying, au	ch as cardiec	or respi	ratory ar	rest.	Approximate
- 1	anock, or neert failure. Lis	t only one ceuse on	eech iine				111111				intervai Between
	iMMEDIATE CAUSE (Finel disease or condition	4.55									Onset and Death
	resulting in death)	AIDS									6 YES
	DUE TO (OR AS A CONSEQUENCE OF):										
8	Sequentially list conditions, b.	DUE TO (OR AS									
F	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS	A CONSEC	DUENCE OF):							
5	CAUSE (Disease or injury C	DUE TO (OR AS									
Ē	that initiated events resulting in death) LAST	DOE TO (OH AS	A CONSEC	DENCE OF:							
CERTIFICATION	d										
	PART il. Other significent conditions of	contributing to deeth	but not re	esulting in	the underlying	r ceuse given in	Part I 24	. WAS AN	Vagortija	245	WERE AUTOPSY FINDINGS
DICAL						y could give in		PERFOR		240.	AVAILABLE PRIOR TO
							1	YES 2	NO		COMPLETION OF CAUSE DF DEATN?
Σ											1 TES 2 NO
PHYSICIAN: ME											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:				ACE OF DEATH (C	heck only one)				
S		Inpatient 2 - ER/Ou	tpatient 3		THER:	e 5 🗆 Residence	8 Other (Sp	ecify)			
ξI	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME (			28d. DESCRI	BE NOW IN	JURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(moran, Day, reur)		INJUR		RK? /ES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y - At hor	ne, farm, stre	et, factory, office		28f. LOCATIO	N (Street o	nd Numbe	r or Rural R	loute Number.
E	4 Homicide determined	building, etc. (Sp	ecity)				City or To	own, State)			
COMPLET	29e. CERTIFIER					~ 1			-		
296. CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner ee stated.    Check only one   1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner ee stated.   Check only one   1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner ee stated.   Check only one   1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner ee stated.											
Ş I	2 MEDICAL EXAMINER: C	On the basis of examinati	lon end/or li	nvestigation,	in my opinion, d	eath occured at the	time, date end	place, end	due to ti	he ceuse(e	end menner ee stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
										1	
유	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF D	EATN (ITEM	27) (Type, Pr	int)					- 10	
	ARVIND NIRULA	1 hers	. OF		1	·	1.77	. apr e-e	M		
5	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			Tersp			~ E	,	1	
31	AUG 0 5 1993	Frohis David	lan-JR	hopda Bit							
	U ~ 1000	44									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tranmatic event, the medical examiner must be notified at once.

as supported the second

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

		_	nedistrian			LNIII	ICALE	OF DEATE		REG. NO.		
			1. DECEDENT'S NAME (First, Middle, Last)	Н	enry Jos	sonh	Alvata	) h	2. DAT	e of DEATH	ik A	3. TIME OF DEATH 1:41 P M
			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. in:	-						
			21 3≈01 ≈ 3503	1 N 2 F	8. AGE (III YIS. 18:	YRS.	MONTHS D		HRS. 7. DAT	E OF BIRTH	06	BIRTHPLACE (State or Foreign Country) Maryland
	should		9a. FACILITY NAME (If not institution, give a	treet and number)	00		96. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH		
	(C)	E	Franklin Square	Hospita	e	Rossville				Baltimore		
	1, 2,	СТОВ	RESIDENCE OF DECEDENT			T				-	Битс	
	permit. Pages	DIRE	Maryland	Balti	more	10c. CIT	Y, TOWN OR I		osedal	e		10d. INSIDE CITY LIMITS?  1 YES 2 NO
	isi	FUNERAL	1228 Spring Ave	nue				10f. ZIP CODE	21237			n of what country? Nited States
5-0020	attending priysician. Se as the burlat-transit	B	11. MARITAL STATUS 1 Never Married XX Married 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	If ye	B DECENDENT OF I	Mexican, Puert		or No.— 14	I. RACE — American Indian, Black, White, atc. Specify: White
215		ETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCL	IPATION ng most of working	10	Sb. KIND OF BUS	INESS/INDUS	
-	spital or ed for u	COMPLET	Elementary/Secondary (0-12) 8th Grade	College (1-4 or 8 +	life.	. Do NOT u	se retired.)	perator		Baltimore Brick Co.		
AND	detach once.	Š	17. FATHER'S NAME (First, Middle, Last)					· ,	R'S NAME (First	, Middle, Maiden	Sumame)	0.00
₹/L	3 E	BE (	Joseph Alvater							Gegner		
MAF	s should be notified at	5	19a. INFORMANT'S NAME (Type/Print)	4	19			treet and Number or				
			Mrs. Mary M. Al	vater	1			ng Avenu		7		
TIMOR	ge 6 may lirector, p		t'E Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify)		cemetery, cre	and date amatory or o NOOd		ery	8/6/19	93 E	Baltim	ore, Maryland
BALTII	after death. Page 6 may be by the funeral director, page imoval.		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	) sec	2	22. NA DO	we and appress uda⇒Ruck 122 Wise	Funer Ave.	al Home Dundak	2 0 6 De	undalk, Inc. ryland 21222
	ely filled in thation, or re-		23. PART I. Enter the diseases, or shock, or beart stiture.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	List only one ceu	e hemo	pty	is	e mode of dying	, auch aa ce	rdiac or reapi	ratory arrea	it, Approximate interval Between Onset and Death
68760	8 5 3 6	N	Sequentially list conditions,	s Squamo	US Cel			of rig	iht u	per 1	obe c	of lung
ВОХ	te be executivision and copior to burist traumatic	CERTIFICATION		Chroni								
œ.	physicate pre pre pre pre pre pre pre pre pre pr	윤	CAUSE (Disease or Injury that initiated events	-	(DR AS A CONSE			primone		. 5000		
0.9	nding phy Hygiene p Or other	E	resulting in death) LAST	d								
Ś	deat dental		PART II. Other algnificent condition	a contributing to	death but not	reculting	In the unde	dulas sous alu	on In Bort I	24s, WAS AN	4117707001	
Ö	requires that the deal open signed by the att of Health and Mental shows any injury,	MEDICAL	<u> </u>		dodn' bot not	readiting	in the dilde	Trying Cadae giv	en in rait i.	PERFOR	MED?	245. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
L	law las be Dept.	Ä	25. WAS CASE REFERRED TO MEDICAL									
VITAL	SiCIAN: The law requestificate has been the State Dept. of 1, or Item 23 sho	SICIAN:	EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF DEA			-	
F <	the Sertific	PHYS	1 YES 2 NO  27. MANNER DF DEATH	1 X Inpatient 2 28s. DATE OF		28b. TIN		c. INJURY AT	-	her (Specify) ESCRIBE HOW I	N'IIIBA OCCIII	PED
0	DING PHYS After this death with	BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, D		IN	JURY	WORK?		EGOTABL HOW I	150111 00001	
DIVISION OF	TTENDI TOR: A after d 28 is	8	3 Suicide 8 Could not be determined	28a. PLACE O building,	of INJURY — At he atc. (Specify)	ome, ferm,	atreet, factory	, office		CATION (Street a by or Town, State)	and Number or	Rural Route Number,
0	TAL DIRI AL DIRI 72 hour	COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE									cause(a) and manner as stated.
	TO THE HOSPI TO THE FUNER De filed within	ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENS	E NUMBER		29d. DATE S	SIGNED (Month, Day, Year)
	THE DE FILED	TO B	Mdelosan	geles							D 8/	3/93
		F	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH (ITE	M 27) (Type	Print)	n Caus	no Die	Ral 4	inov	Md 21237
			Dr. Maria DeLos			J Fr	ank 11	II Squa	re or	. Dall	THIOT	e, Md 21237
		5	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	2						

LAND AIK 13-0020	ent by the houselet or attending physician.	build be directed the street burial-transit permit. Pages 1, 2, 3 should		ed at opcome
SALIMONE, MANIESCONOS, 1.3. BOX 93.03, BALIMONE, MANIEMNO AIR 13-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be remained by the translation attending physician.	or this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be directored by the attending physician and completely filled in by the funeral director, page 5 should be directored by the attending physician and completely filled in by the funeral director, page 5 should be directored by the attending physician and completely filled in by the funeral director, page 5 should be directored by the attending physician and completely filled in by the funeral director, page 5 should be directored by the attending physician and completely filled in by the funeral director, page 5 should be directored by the attending physician and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neithed at appearance.
	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: After this of	be filed within 72 hours after o	IMPORTANT: If Item 28 is

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO		22867			
	1. DECEDENT'S NAME (First, Middle, Last)	Malindia R	eeva Adam	s	2. DATE OF DEATH DO NONTH DO NOTH	NY YE	3. TIME OF DEATH 3:54 A M			
	236-22-4165	6. AGE (In yrs. last	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-17-191	8.	BIRTHPLACE (State or Foreign Country) est Virginia			
STOR	98. FACILITY NAME (If not institution, give street Harbor Hospital C RESIDENCE OF DECEDENT	,		own or Location of D Itimore Cit		9c. COUNTY NA	10,000			
DIRECTOR	Maryland Balto. City/ A.A. Co. Baltimore City & Brooklyn Park									
FUNERAL	4233 Audrey Avenue 21225 USA									
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 M Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2XXN IF YES, GIVE WAR OR DATES	0 11	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 — YES 2X NO Specify:  Whit						
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 8th Grade	mpleted) (Gh life.	CEDENT'S USUAL OCI ve kind of work done do Do NOT use retired.)	ring most of working	16b, KIND OF BUS		RY			
BE COM	17. FATHER'S NAME (First, Middle, Last) William Henry		ired Seam		ME (First, Middle, Maiden					
TO B	196. INFORMANT'S NAME (Type/Print)  Mr. LeRoy E. Da	yton 196		Street and Number or Rural	Route Number, City or Tow	n, Stete, Zip Coo	do)			
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	cemetery, cren	no DATE OF DISPOSIT	ION (Neme of	DATE 20c. LO	CATION — City	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Kevin E. Eck	M.	netery 8 AME AND ADDRESS OF FA CCully Fune 37 E. Patap	ral Home o	f Brool	klyn			
	IMMEDIATE CAUSE (Final	npilcatione that ceused the das it only one cause on each line.	ath. Do not enter t	ne mode of dying, suc	h ee cerdiac or reapi	ratory arreat,	Approximata interval Between Onset and Death			
	disease or condition resulting in death)  Due to (or as a consequence or):									
CERTIFICATION	Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE OF):							
PHYSICIAN: MEDICAL (	PART II. Other significant conditions of	contributing to deeth but not re	eaulting in the und	erlying ceuse given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Ch	eck only one)					
HASI		IOSPITAL: Impetient 2 ER/Outpetient 3 [ 28e. DATE OF INJURY (Month, Day, Year)		g Home 5  Residence  Bc. INJURY AT WORK?	6 Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURE	ED			
BY	2 Accident Investigation M 1 YES 2 NO									
COMPLETED	4 Homicide determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, dea	th occurred at the tim	e, date and place, and due		ner as stated.				
	one) 2 MEDICAL EXAMINER: 0 29b. SIGNATURE AND TITLE OF CHITIFIER	On the basis of examination and/or in	vestigation, in my opi	nion, death occured at the	time, date and place, and	d due to the ce				
TO BE	16	COMPLETED CAUSE OF DEATH (ITEM		29c. LICENSE NUI		▶ 8/3	SNED (Month, Day, Year)			

Dr. Basant K. Khandelwal, M.D. 47
31. DATE FILED (Month, Dey, Your)
AUG 0 6 1993

AUG 1993

AUG 1993

4710 Pennington Ave., Baltimore, Maryland 21226

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TO THE FUR De filed with	SMIAL ON ALLEMBING MYSICIAN; THE 13W REQUITES THAT THE GEATH CETTINGARE DE EXECUTED WITHIN 24 HOURS ATTENDING PAY DE TOTALNED BY THE HOSPITAL OF ATTENDING PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	hin 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	VT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	IO THE HUSPITAL UR ALLE	TO THE FUNERAL DIRECTOR	be filed within 72 hours afte	IMPORTANT: If Item 28

	1 - FOR STATE OF REGISTRAR	MARYLAND / DE CER	EPARTMENT OF H	EALTH AND ME	NTAL HYGIENE REG. NO.				
10010		enner			DATE OF DEATH MONTH DAY	-93 YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  3. SEX  1 M 2 F  9a. FACILITY NAME (if not institution, give street and number)	6. AGE (In yrs. last birt	YRS. MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) POLAND			
TOR	SINAI HOSPITAL  RESIDENCE OF DECEDENT		BALTIM	ORE		9c. COUNTY OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		BALTIMORE	ION		10d. INSIDE CITY LIMITS? 1 ▼ YES 2 □ NO			
FUNERAL	5913 WESTERN RUN DR., AP			21215		10g. CITIZEN OF US			
B	1 Never Married 2 Married FORCES? 3 Wildowed 4 Divorced FYES, GIVE	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes, spe	ENDENT OF HISPANIC Cooling Cuban, Maxican, Po 2 NO Specify:	ORIGIN? (Specify Yea o uarto Rican, etc.)	Spec	E — American Indian, k, Whita, afc. ifly: ITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Callege (1-4 or 5	(Give ki	ENT'S USUAL OCCUPATION of work done during most NOT use retired.) SEWIFE		AT HOME	NESS/INDUSTRY			
	17. FATHER'S NAME (First, Mickle, Leat)  ABRAHAM  KUPERSMITH			18. MOTHER'S NAME (		umame) PHILLIP	S		
TO BE	19a. INFORMANT'S NAME (Type/Print) DR. ARNOLD BRENNER		AILING ADDRESS (Street at			State, Zip Code)			
	2pa. METHOD OF DISPOSITION  1 Burlal 2 Generation 3 Removal trom State  4 Donation Other (Specify)	20b. PLACE AND C	DATE OF DISPOSITION (Nat	me of	DATE 20c. LOCA	Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charle			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	man	22. NAME AN SOL LI	D ADDRESS OF FACILITY EVINSON & REISTERTOW	BROS., IN	NC.			
c	PART I Enter the disease, or complications the ehock, or heart failure. Liet only one car IMMEDIATE CAUSE (Final disease or condition resulting in death)	use on eech line.	Do not enter the mod	de of dying, auch es	a cardiac or respira	atory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEDUENCE OF):  C. DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to	death but not resul	iting in the underlying	ceuse given in Part	24m. WAS AN AN PERFORM	IED?	WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 PRO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMMER?  1  YES 2  O 10 10 10 10 10 10 10 10 10 10 10 10 10	☐ ER/Outpatient 3 ☐ D	OTHER:	ACE OF DEATN (Check of					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 1 Inpatiant 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 26b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED									
	3 Suicide 26a. PLACE C	OF INJURY — At home, 1 , etc. (Specify)	farm, street, factory, office	281	LOCATION (Street and City or Town, State)	d Number or Rural I	Route Number,		
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and placa, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU HIGERA KIMUL	9, 4.D.	) (Type, Print)						
7	31. DATE FILED (Month, Day, Your) . 32. REGISTRY	AR'S SIGNATURE	And on						

BALTIMORE, MARYLAND 21215-0020

	ith. Page 6 may be retained by the hosp	neral director, page 5 should be detache	miner must be notified at once.
inn in it	icate be executed within 24 hours after de	obysician and completely filled in by the file prior to burial, cremation, or removal	er traumatic event, the medical ex
	IAN: The law requires that the death certifi	tificate has been signed by the attending p	or item 23 shows any injury, or oth
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the flad within 72 hours after healt with the State Dent of Health and Mental Hyniene prior to burial cremation or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.		
	1. DECEOENT'S NAME (First, Middle, Last)	11 7	n n-	210 (		2. DATE OF OBAT	Н	3. TIME OF OEATH	
	JAMES V	VALTE	K BE	CR :	>r.	MONTHAUC	DAY	1725	M
		S. SEX 6. AGE	(In yrs. last birthday)		IF UNDER 24 HRS.	7 DATE OF BIRTI	4	S. BIRTHPLACE (State or Foreign	
	215-03-13661	M 2 □ F	75 YRS.	MONTHS DAYS	HOURS MIN.	June 8	, 1918	Maryland	
	9a. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOWN	OR LOCATION OF DI			INTY OF DEATH	
뜨	Northwest Hospita	1 Center		Ran	dallstown	n	777	Baltimore	
5	RESIDENCE OF DECEDENT								_
DIRECTOR	10a. STATE 10b. COUNTY		10c, CI	TY, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?	
	Maryland Balt	imore		Roc	kdale			1 TYES 2 NO	
A	10e. STREET AND NUMBER			_1	of. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?	
E	8010 Douglas Ave.				212	244	Unit	ed States	
BY FUNERAL		2. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Specif	y Yea or No —	14. RACE — American Indian,	_
-	1 Never Married 2 Married	FORCES? 1 X YES	DATES	1 T VE	pecify Cuban, Maxica S 2 NO Specifi		·.)	Black, White, etc.  Specify:	
	3 Widowed 4 Divorced		WW I		20.	,		White	
茰	15. DECEDENT'S EDUCAT (Specify only highest grade con	rion mpleted)	16a. DECEDENT'S	Work done during reserved.)	ION lost of working	16b. KIND O	F BUSINESS/IN	DUSTRY	
		College (1-4 or 5+)							
₹	6th grade		Road	Constru	ction	Drui	mond &	co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Me			
8	Edward Beck					e Poblet			
2	19a. INFORMANT'S NAME (Type/Print)	•			and Number or Rural I				
-	Mrs. Dorothy Bec	K	80.	IO Dougl	as Ave.	Baltimo	re, MD	21244	
	20a. METHOD OF DISPOSITION 1 X DBurial 2 □ Cremation 3 □ Ramova		b. PLACE AND DATE		leme of	- 22	. LOCATION —	City or Town, State	
	4 Donation 5 Other (Specify)	Ev	vergreen	Mem. Ga		8/7	Finksl	ourg, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			ND AGORESS OF FA		)	To a	
	James B	Jusq		8728	g Byers I Liberty H	runeral i Rd Rand:	olrecto alletor	ors, inc.	
	23. PART I. Entar the diseeses, or com	nplicatione that cause	tha death. Do	not enter tha m	ode of dying, suc	h es cardiac or r	espiratory ar	reet, Approximate	
	shock, or heart failure. List	t only one cause on a	ach lina.					Interval Betwee	
	disease or condition	META.	STATI	0	PARCI	MAMA	08.1	LANC SING DE	atri
	recuiting in death) a	DUE TO (OR AS	A CONSEQUENCE O	PF):	C/V/CC	100 / 1//	06	- 0(100)	
z								İ	
CERTIFICATION	Sequantially list conditions, if eny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):					
S	CAUSE (Disease or injury								
E	that initiated events	OUE TO (OR AS	A CONSEQUENCE O	F):					
E	resulting in death) LAST								
C	PART II. Other eignificant conditions c	contributing to death t	out not resulting	in the underlyin	o ceuse given in	Port I 24- WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDING	^^
DICAL	CHRONIC ORDE	HOBSTR	UCTIVE	OUL	MINARY	PEI	RFORMEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	-
							S 2 NO	OF DEATH?	
NE NE	pisense, pu	OHOLIC	CIME	17051	of H	VER		1 TES 2 NO	
7. 1	•								
AN:	25 WAS CASE REFERENCE TO MEDICAL								- 1
ICIAN:		IOSPITAL:		OTHER:	LACE OF OEATH (Ch				
IYSICIAN: I	EXAMINER?	☐ Inpatient 2 ☐ ER/Out		OTHER: 4 - Nursing Ho	ne 5 🗆 Rasidenca	8 Other (Specify)			
PHYSICIAN:	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH		28b. TIN	OTHER: 4 Nursing Hol IE OF 28c. IN JURY 28c. IN	ne 5 🗆 Rasidenca JURY AT ORK?			CURED	
BY PHYSICIAN: 1	EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending 2   Accident   Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Tile IN.	OTHER: 4   Nursing Hor BE OF JURY W 1	ne 5 Rasidenca JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE H	OW INJURY OC		
BY PHYSICIAN:	EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending	28a. DATE OF INJURY	28b. Till IN.	OTHER: 4   Nursing Hor BE OF JURY W 1	ne 5 Rasidenca JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE H	OW INJURY OC	CURED  r or Rural Routa Number,	
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, atc. (Spe	28b. Till IN. f — Al home, larm, cify)	OTHER: 4   Nursing Hot BE OF 28c. IN W 1   street, factory, offi	me 5 Residence JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE Hi 28f. LOCATION (St City or Town, S	OW INJURY OC reet and Number State)	r or Rural Routa Number,	
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E COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAL	28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, atc. (Spe	28b. Till IN.  f — Al home, larm, city)  riedge, death occurr on and/or investigation	OTHER: 4 Nursing Hot BE OF JURY M 1 Street, factory, officed at the time, dat on, in my opinion,	me 5 Residence JURY AT ORK? YES 2 NO ca a and pieca, and due death occured at the	S Other (Specify) 28d. DESCRIBE Hi 28d. LOCATION (Si City or Town, S to the cause(s) end time, date end place	ow INJURY OC reet and Number State)	r or Rural Routa Number, ted. ne cause(a) and manner as stated.	$\Box$
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, atc. (Spe	28b. Till IN.  f — Al home, larm, city)  riedge, death occurr on and/or investigation	OTHER: 4 Nursing Hot BE OF JURY M 1 Street, factory, officed at the time, dat on, in my opinion,	me 5 Residence JURY AT ORK? YES 2 NO ca a and pieca, and due death occured at the	S Other (Specify) 28d. DESCRIBE Hi 28d. LOCATION (Si City or Town, S to the cause(s) end time, date end place	ow INJURY OC reet and Number State)	r or Rural Routa Number, ted. ne cause(a) and manner as stated.	$\Box$
TO BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident 3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, atc. (Spe	28b. Till IN.  f — Al home, larm, city)  riedge, death occurr on and/or investigation	OTHER: 4 Nursing Hot BE OF JURY M 1 Street, factory, officed at the time, dat on, in my opinion,	me 5 Residence JURY AT ORK? YES 2 NO ca a and pieca, and due death occurred at the	S Other (Specify) 28d. DESCRIBE Hi 28d. LOCATION (Si City or Town, S to the cause(s) end time, date end place	ow INJURY OC reet and Number State)	r or Rural Routa Number, ted. ne cause(a) and manner as stated.	$\Box$
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1   YES 2   NO   H  27. MANNER OF DEATH  1   Neturel   5   Pending Investigation   3   Suicide   8   Could not be detarmined    29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: COULD    29b. SIGNATURE AND TITLE OF CERTIFIER    30. NAME AND ADDRESS OF PERSON WHO COULD    31. NAME AND ADDRESS OF PERSON WHO COULD    32. NAME AND ADDRESS OF PERSON WHO COULD    33. NAME AND ADDRESS OF PERSON WHO COULD    34. NAME AND ADDRESS OF PERSON WHO COULD    35. NAME AND ADDRESS OF PERSON WHO COULD    36. NAME AND ADDRESS OF PERSON WHO COULD    36. NAME AND ADDRESS OF PERSON WHO COULD    37. NAME AND ADDRESS OF PERSON WHO COULD    38. NAME AND ADDRESS OF PERSON WHO COULD    39. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    31. NAME AND ADDRESS OF PERSON WHO COULD    32. NAME AND ADDRESS OF PERSON WHO COULD    33. NAME AND ADDRESS OF PERSON WHO COULD    34. NAME AND ADDRESS OF PERSON WHO COULD    35. NAME AND ADDRESS OF PERSON WHO COULD    36. NAME AND ADDRESS OF PERSON WHO COULD    36. NAME AND ADDRESS OF PERSON WHO COULD    37. NAME AND ADDRESS OF PERSON WHO COULD    38. NAME AND ADDRESS OF PERSON WHO COULD    39. NAME AND ADDRESS OF PERSON WHO COULD    39. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD    30. NAME AND ADDRESS OF PERSON WHO COULD	28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, atc. (Spe	28b. Till IN.  f — Al home, larm, city)  riedge, death occurr on and/or investigation	OTHER: 4 Nursing Hot BE OF JURY M 1 Street, factory, officed at the time, dat on, in my opinion,	me 5 Residence JURY AT ORK? YES 2 NO ca a and pieca, and due death occurred at the	S Other (Specify) 28d. DESCRIBE Hi 28f. LOCATION (Si City or Town, S to the cause(s) end time, date end place	ow INJURY OC reet and Number State)	r or Rural Routa Number, ted. he cause(a) and manner as stated.	$\Box$
TO BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident 3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, atc. (Spe	28b. Till IN.  7 — Al home, larm, city)  reledge, death occurrent and/or investigated and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compared and compar	OTHER: 4 Nursing Hot BE OF JURY M 1 Street, factory, officed at the time, dat on, in my opinion,	me 5 Residence JURY AT ORK? YES 2 NO ca a and pieca, and due death occurred at the	S Other (Specify) 28d. DESCRIBE Hi 28f. LOCATION (Si City or Town, S to the cause(s) end time, date end place	ow INJURY OC reet and Number State)	r or Rural Routa Number, ted. ne cause(a) and manner as stated.	$\Box$

FOR STATE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YE	3. TIME OF OE		
	ELIZABETH	HARRIS	BAKER			08 02		93 1040		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Country)		
-	213-10-6242  9e. FACILITY NAME (If not institution, give	A 00		CITY TOUC	OR LOCATION OF DE	08/17/1904 Maryland				
œ	Greater Balti					EAIN .	Baltimore			
CTOR	RESIDENCE OF DECEDENT	more Medica	т							
DIREC	10a. STATE 10b. COUNT			OWN OR LOCA				10d, INSIDE CIT		
	-	timore		Towso				1 TES 2 1		
FUNERAL	10e. STREET AND NUMBER			10	of. ZIP CODE		10000	OF WHAT COUNTRY?		
NE	1618	Glen Keith 12. WAS DECEDENT EVER IN I		T 40 WHO 55	21286			S.A.		
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, ap	pecify Cuban, Mexica S 24 NO Specify	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) y:	14.	RACE — American Inc Black, White, etc. Specify: Whit		
	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S US (Give kind of work	UAL OCCUPATI	ON ost of working	16b. KINO OF BU	SINESS/INDUST	RY		
9	Elementary/Secondary (0-12)	College (1-4 or 8+)	life. Do NOT use n	etired.)						
COMPLET	12		Stenog	raphe			suran	ce		
-	17. FATHER'S NAME (First, Middle, Last)	oner Hoore	II a se sa à			ME (First, Middle, Maiden	Sumeme)			
BE	Harry Peter H	enry Hoover		ADDESC (C.	Eva K	ates Route Number, City or Tow	m Otori Ti O	0100		
2	Beatrice Harr	is				ith B1Vd		2120		
	2011/METHOD OF DISPOSITION	20b F	PLACE AND DATE OF				CATION - City			
	1 Buriel 2 Cremation 3 Rei	moval from State came!	ery crematory or other	niacel		ry8/5 Wo				
	21. SIGNATURE OF PUHERAL SERVICE L	ICENSEE	OTTATHE		ND ADDRESS OF FA		Oulawi	2121		
	Burgee-Henss Funeral Ho 3631 Falls Road, Baltin									
	23. PART L Enter the diseases, or	complications that caused	the death Do not	enter the E	ralls	has cardiac array	artill(	ore, MD		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Pay Con As a concept of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the total of the	CONSEQUENCE OF):	mvbi	lisation	,		2 h		
	PART II. Other algnificant condition	d						24b. WERE AUTOPSY AMAILABLE PRIC		
MEDICAL						1 🗀 YES :	D NO	OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (Check only one)						
SIC	EXAMINER?	HOSPITAL:		THER:	me 5 - Residence			11-11-		
λHς	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. IN	JURY AT	28d. OESCRIBE HOW	INJURY OCCUR	EO		
ВУР	1 Natural 8 Pending 2 Accident Investigation	1/1	NA		YES 2 NO		NA			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY -	At home, ferm, stre	et, factory, offi	Ce	281. LOCATION (Street City or Town, Stete	end Number or F	Rural Route Number,		
ETE	4 Homicide determined		NA				NA			
PLE	(Orlean Orly)	SICIAN: To the best of my knowle	dge, death occurred	at the Ilme, dat	e end place, end due	to the cause(e) end ma	nner as stated.			
COMPL	one) 2 MEDICAL EXAMIN	IER: On the basic of examination	end/or investigation,	In my opinion,	death occured at the	time, date and place, e	nd due to the ce	ouse(e) end manner e		
ш	29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Yes		
0 8	H ropez	MD					1 8	13/93		
ř	30. NAME AND AGOREST OF PERSON W	HO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pr	int)						
1	1+40/40 20,	NEZ ND. Ru	xten 7	uwers	inste	109 70	r/on	NIK 212		
11	31. DATE FILEO (Mony), Day, Year)	Jan-REGISTRARIS SIGNA	TURE							
0	ДПБ 06 1993	SHIME DAVISON-10	alvence.							

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF DEATH REG. NO.		

	1	1. DECEDENT'S NAME (First		nny Dhill	in Dol	+					2. DATE MONTH	OF DEATH	400°	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUM		rry Phill	6. AGE (In yrs		IF UNDER t	YFAR	IF UNDER	24 MRR	7. DATE O		1993		4:30 a.m.
		215-10-293	1	1 M 2 F	79	YRS.		DAYS	HOURS	MIN.		Day, Year)	913	Country	Maryland
should		98. FACILITY NAME (# not is	natitution, give	street and number)	,,,		9b. CITY, 1	rown (	OR LOCATIO	ON OF OE		2.1		NTY OF DE	
2, 3	CTOR	1504 FER	NLEY	ROAD			BALT	IMO	RE C	City					
Pages 1,	H.	10s. STATE	10b. COUNT	Υ		10c. Cl	TY, TOWN OR	LOCA	TION	-					10d. INSIDE CITY
. <del>.</del>	DIR	MARYLAND				B	BALTIMORE City								LIMITS?
t permit.	ERAL	10e. STREET AND NUMBER					101. ZIP CODE								HAT COUNTRY?
pnysician. buńał-transit	BY FUNE	1504 FERNLE	Y ROAD	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. W	AS DEC		218 E HISPAN	IIC OBIGIN	? (Specify Yes	US/		American Indian,
a a		1 Never Married 2 Merried FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WIldowed 4 Divorced WW II					11:	yes, sp	oecify Cuba 2 X NO	n, Mexice	n, Puerto R			Black,	White, etc.
	品	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
d for t	LET	Elementary/Secondary (	0-12)	College (1-4 or 5	+)	im Do NOT L Superv	ise retired.)				,		Dair	V	
d be detached for u	COMPL	17. FATHER'S NAME (First, A	fiddle, Last)			uper v	1301	_				liddle, Maiden		J	
	ш	Wil		Beltz			Ru	uth	Gla	ssfo	rd				
e 5 should notified	TO B	M. Scott					7 Jack					er, City or Tow ir, Ma			21014
ector, page		20a. METHOD OF DISPOSIT  1	on 3 🗆 Rem	noval from Stata		CEAND DATE cremetory or TOP SEI				8/5/9	93		CATION	City or Tow	rn, State
\$ 0 E		21. SIGNATURE OF FUNERA		CENSEE Milt	onįJ. K		7 22. N	AME A	ND ADDRES	SS OF FAC	CILITY		ONSOIN	, I'D.	
by the funeral di moval.		> milt	n d.	minth	1.	1129.10			RD J.			TIMORE.	MD (	2121/	
ding physician and complete hygiene prior to burtal, crem.	CERTIFICATION	Sequentially list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthet Initiated events resulting in death) LAS	diata iNG ury	b. SHE TO	OR AS A CON	ISEOUENCE C	on: Ill	:4	lo			-	-		
attendental H	G	d.													
een signed by the att of Health and Menta shows any injury,	MEDICAL	PART II. Other aignificant conditions contributing to death but not					reaulting in the underlying cause given in Part					PERFORMED? 24			WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
23 b															
9 8 5	PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpetien	t 3 🗆 DOA	OTHER:		LACE OF D		-				
this with	ву РНУ	27. MANNER OF DEATH  1 Netural 5 2 Accident	Pending Investigation	26a. DATE OF (Month, D		26b. Til		8c. IN.	JURY AT ORK?			CRIBE HOW I	NJURY OC	CURED	
after of 28 is	ETED B	a D Bulatda —	Could not be determined	28s. PLACE C building,	OF INJURY — A etc. (Specify)	t home, farm,	street, factor	ry, offic	CB		28f. LOCA City o	TION (Street or Town, State)	and Number	or Rural Ro	oute Number,
AL DIRI 72 hour 11 item	COMPLE	nee)		ER: On the basis of a											and manner as stated.
TO THE FUNER be filed within IMPORTANT:	BE	296. SIGNATURE AND TITLE	OF CERTIFIE	P ml					29c. LICE	SS NUN	ABER	2_	29d. DAT	E SIGNED	Month, Day, Year)
	10	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAU	SE OF DEATH (	TEM 27) (Typ	a, Print)								
		31#DATE/FILESVA/PuthABBA	Tion)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	PS During										
1	5	"AUG" 0" 19!	33 8	TAMES AND A SECOND	- Nath										



A Hand Letter

BALTIMORE, MARYLAND 21215-0020	ath. Page 6 may be retained by the hospital or attending physicia	disappe non C should be decaded for on the decaded
BA	hours after de	ad in he, the fer
	n 24	IN A
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physicial	DIDECTION After this certificate has been cined by the attendion shocking and commission filled in he the formal disease. Several to decembe the second of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t

use as the burial-transit permit. Pages 1, 2, 3 should attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows ony Injury, or other traumatic event, the medical exeminer must be notified at once.

1	FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MENTA	REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH	
	CORNELIUS BA	RNES							08	4	AY	93	M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)				-	7. DATE	OF BIRTH		8. BIRTHPLACE (State or Foreign Country)		
1	217-07-9011	1-XM 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	4	/9/15			ÄYLAND	
8	9a. FACILITY NAME (If not institution, give s 1275 KITMORE R		Н				CI		ATH		9c. COUN	TY OF D	EATH	
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	*						11						
DIRECTOR	M.D.	T		111.	Y, TOWN OF			ΤY					10d. INSIDE CITY LIMITS?  DO YES 2 NO	
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODI	E			10g. CITIZ	EN OF W	HAT COUNTRY?	
Ä	1275 KITMORE											S.F	Α.	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN	YES 2		13. W	WAS DEC	ENDENT C	F HISPAN	IIC ORIGI	N? (Specify Yer Rican, etc.)	s or No-	14. RACE Black	— American Indian, t, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES		1	☐ YES	2/XNO	Specify	y:			Speci	" BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S	USUAL OC	CUPATIO	W		16	b. KIND OF BU	SINESS/INDL	USTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	4)	Give kind of a	se retired.)	uring mo	st of workin	g		SOCIAI	CEC	רסוזי	mv	
M				LERK					Т,	JOCIAI		.01/1	. 1 1	
	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S NA	ME (First,	Middle, Maiden	Sumame)			
8	WILLIAM BARNE  19a. INFORMANT'S NAME (Type/Print)	<u>S</u>								FORT I				
임	CAROLYN TYNES									nber, City or Tow				
- 1	20a. METHOD OF DISPOSITION		20b. PLACE					IVE	BAI		COUNT CATION — C	_	wn State	
	1- Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetary, cr GARR	rematory or o	ther place)				08/9				LS M.D.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	JOANN	I SON			D ADDRE			9 LOW.	LIVGS	MIII	TPS M.D.	
	Freyh S.	Locks	2							al AVI			F.H.	
	23. PART I. Enter the diseeses, Dr ahock, or heert fellure.	complications the List only one ceu	it caused the duse on each iin	leath. Do r	not enter t	the mod	de of dyl	ng, suc	h sa cer	diac or resp	Iratory arre	est,	Approximate interval Between	
	iMMEDIATE CAUSE (Finel disease or condition	1- /		, ,	/		. 7	7		,			Onset and Death	
- 1	resulting in death)	a. Kul	e my	000	11 d	00	1 4	111	21	ctio	an		Tigotes L	
- 11	disease or condition resulting in death)  a. House Myo Card & a ( Fuffor A) on Due to (or as a consequence of):  Sequentially list conditions,  Due to (or as a consequence of):  Due to (or as a consequence of):												3,004	
Z	Sequentially list conditions	a Co			- 11	ife	ny	D	ise	off			SYK-	
ATION	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSE	CU >	- 11	ife	ny	D	ise	raff	)		SYKS-	
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury			CU >	- 11	ife Yf	er	Defe	use us	aff	)		5715- 845-	
RTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING		(OR AS A CONSE	CU >	- 11	ife Yf	er	Defe	use	aff	)		5715- 845-	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. ESS DUE TO	(OR AS A CONSE	ac Calledonce of	Ho. Howeco	Y f	er	D fe	use	car			5715- 845-	
4	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. ESS DUE TO	(OR AS A CONSE	ac Calledonce of	Ho. Howeco	Y f	er	D fe	use	24a. WAS AN PERFOI	AUTOPSY	24b.	SYNS-  SYNS-  SYNS-  WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO	
4	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. ESS DUE TO	(OR AS A CONSE	ac Calledonce of	Ho. Howe c	Y f	er	D fe	use	24a. WAS AN PERFOI	AUTOPSY TMED?	24b.		
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MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. ESS DUE TO	(OR AS A CONSE	ac Calledonce of	Ho. Howe c	Y f	lu lu lu lu lu lu lu lu lu lu lu lu lu l	D fe	Part i.	PERFOI 1 TYES 2	AUTOPSY TMED?	24b.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	(OR AS A CONSE	EQUENCE OF	F):  LLE C  In the unc	Y f	Couse (	fe given in	Part I.	PERFOI	AUTOPSY TMED?	24b.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, La		OLITIII	ICATE OF	DEATH		REG. NO.			
		11 - 17			2. DATE C	E DEATH	YEA	3. TIME OF	DEATH
REGINALD	J.		BANKS		MONTH 08	01	1993	8:58	} P
4. SOCIAL SECURITY NUMBER 2/9-03-596.2	2 1 1 M 2 D F	AGE (In yrs. jest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	1-	F BIRTH Day, Year)		RTHPLACE (State syntry)	or Foreign
99. FACILITY NAME (If not institution, git 2216 PENNSYL RESIDENCE OF DECEDENT	VANIA AVE			IMORE	C/17	4	9c. COUNTY O	FDEATH	
2216 PENNSYL RESIDENCE OF DECEDENT 109. STATE 1006. COL		10c. CIT	y, TOWN OR LOCA	TION 257-17	- 0			10d. INSIDE LIMITS	?
104. STREET AND NUMBER  22/6 PENNI  11. MARITAL STATUS  1 Program Maridal  2 Maridal	a. Aur		10	Y. ZIP CODE	2		10g. CITIZEN C	F WHAT COUNTY	
II . 152 (Jaka) mailtag 7   mailtag	12. WAS DECEDENT EV FORCES? 1	PR IN U.S. ARMED YES 2 NO OR DATES	If yes, sp	CENDENT OF HISPA pecify Cuban, Maxic 3 2 2 NO Spec	en, Puerto Ri		r No— 14. R B	ACE — American lack, White, atc.	Indian,
15. DECEDENT'S E		(Give kind of	USUAL OCCUPATION WORK done during me	ON ost of working	16b. i	KIND OF BUSIN	NESS/INDUSTR	3/190	0
Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	CUS	Todu,	4m		5,5	, A		
Joseph k	BANKS			18. MOTHER'S N	4 K	gdie, Meiden Si OSE	umame)	rute	
160. INFORMANT'S NAME (Type/Print)	un B. Coi	e 170.	3 BUR	and Number or Rural	Route Nation	BA1	State, Zip Code	10/2/1	(39
20a. METHOD OF DISPOSITION  1 Description 2 Comment on 3 R  4 Donation 5 Other (Specify)	lemoval from State	20b. PLACE AND DATE		stip Co	n 8/6	20c. LOCA	P/6	Topp, State	nd.
21. SIGNATURE OF FUNERAL SERVICE	J. Russ		22. NAME A	NO APDRESS OF	Ciury 5	FUN	eral	Hom	10
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iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. CANCER (OUE TO (OR DUE TO (OR C.	OF LUNGS. AS A CONSEQUENCE O	WITH ep:			ac or respira		interv	rai Batw
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the foath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heatth and Mental Hyglene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 30 37 YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 20re 1 2 YES 2 | NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21230 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexicon, Puerto Ricen, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merrie BY IF YES, OIVE WAR OR DATES YES 2 AND Specify: 4 Divorced COMPLETED 18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high intary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle 18. MOTHER'S NAME (Fire BE 196. MAILING ADDRESS 2 20e. METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION riel 2 Cremetion 3 - Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND 23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such ea cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. Approximata interval Between **IMMEDIATE CAUSE (Finel** Onset end Death disease or condition Stage resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially liet conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient | ER/Outpetient 3 | DOA OTHER: 1 NYES 2 NO 4 - Nurs 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28b. TIME OF DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural ВУ 1 YES PH 2 Accident 28e. PLACE OF INJURY — 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED street, factory, office 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, der coured at the time, data and placa, and due to the ceuse(a) end menner ee stated. 29b. WONATHIE AND TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER un 2 AUGU

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			Evelyn			120	Ther	_	8	3	9	3 0600 A M		
			4. SOCIAL SECURITY NUMBER	- 1		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (	OF BIRTH , Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	9		214-18-3043	1 M 2 KF	72	YRS.	MONTHS DAYS	HOURS MIN.		28-20	) M	arvland		
	nous	_	9e. FACILITY NAME (If not institution, give etr	*			96. CITY, TOWN C	OR LOCATION OF DE				Y OF DEATH		
	2, 3	Ö	St. Agnes Hosp	ita1			Balti	more						
	es 1,	DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY		
	Pag.	E I	Maryland				ltimore					LIMITS?		
	ermit		10e. STREET AND NUMBER					ZIP CODE			10e. CITIZE	1 YES 2 NO		
	burial-transit permit. Pages 1, 2, 3 should	FUNERAL	731 Edgewood St	•			2	21229						
O	al-tra	S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.	S. ARMED		ENDENT OF HISPAN	IIC ORIGIN	? (Specify Yes		SA I. RACE — American Indian,		
AND 21215-0020 the hospital or attending obvsician.	buri		1 Never Married 2 Married	FORCES? 1	R OR DATE	S NO	If yes, sp	ecify Cuben, Maxica 2 NO Specify	n, Puerto R	lican, etc.)		Bleck, White, etc.		
5-0	detached for use as the once.	ЭВУ	3 Widowed 4 Divorced									Specify: Black		
121	nse	ETED	15. DECEDENT'S EDUC (Specify only highest grade of		16	(Give kind of v	USUAL OCCUPATION Work done during more retired.)	ON st of working	16b.	KIND OF BUS	INESS/INDUS	STRY		
2 2	of b	۳	Elementary/Secondary (0-12)	College (1-4 or 5+)		ustodi				_				
N	detache	COMPL	17. FATHER'S NAME (First, Middle, Last)			ustoa	Lan			.S. G		nment		
LA y	at o		Charles Kimbal:					18. MOTHER'S NA			Sumeme)			
		BE	19a. INFORMANT'S NAME (Type/Print)			105 MAR 810	ADDRESS (Over	Mazie S	Smot	hers	2 - 2 - 1			
MAR retained 5 should notified	2	Latonya Chambe	rs							, State, Zip Code)				
m, ≶	director, page or must be		20a METHOD OF DISPOSITION		20h Pi		F DISPOSITION (Na	od St.	DAL			1 2 2 9 y or Town, State		
OF I	ector, p		1 Buriel 2 Cremation 3 Removed Donation 5 Other (Specify)	al from State	cameter	ry, crematory or of	ther place)							
Page	al din		4 Donation 5 Other (Specify) Arbutus Mem. Park 8-5 Balto Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
BALTIMORE, after death. Page 6 may be	the funeral dir wal. Il examiner		(auton C	Day	-do	-	Doug	lass Fu	ner	al Se	rvice	2		
after D	removal		23. PART I. Enter the diseases, or co	mplications that	counted th	s death Do n	1701	McCull	oh S	S+	oton, ome			
hours		ļ	snock, or nesrt failure. L	st only ons caus	e on esch	Ilns.	of enter the mo	de or dying, suci	1 as ceru	isc or respir	atory arres	Interval Between		
24	ion, a		disease or condition  West and Death											
o,	completely fille ial, cremation, event, the	1	disease or condition											
68760, executed within	P 6	2	- Clincer of Bladder											
	" o E	은	Sequentially list conditions, If any, leeding to immediats  DUE TO (OR AS A CONSEQUENCE OF):											
BOX	5 44	S	cause. Enter UNDERLYING CAUSE (Disease or Injury											
erific	nding phy Hygiene p or other	E	that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST											
S, P.O. BO) death certificate be	P H	CERTIFICATION	d.											
RDS,	E & B		PART II. Other significent conditions	contributing to d	desth but i	not reaulting i	n the underlying	cause given in	Part i.	24a, WAS AN A	WTOPSY	24b. WERE AUTOPSY FINDINGS		
ORI that t	th and any in	MEDICAL						VOLAS CARLANT CONTR		PERFORM	NED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
REC(	shows								_	1   YES 2	PNO	OF DEATH?		
<b>a</b> ≥									-			1   Y56 2   NO		
VITAL	De De	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	ACE OF DEATH (Che	ick only one	)				
Z NA	certificate the State I, or item	)S		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:	5 🗆 Residence	8 🗆 Other	(Specify)				
OF	with th	£	27. MANNER OF DEATH	28e. DATE OF II (Month, Day		286. TIME	E OF 28c. INJI			CRIBE HOW IN	JURY OCCUP	RED		
Z	1	BY	1 Natural 5 Pending 2 Accident Investigation	(				ES 2 NO						
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The 13W	W G A		3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY — /	At home, farm, a	treet, factory, office		28f. LOCA	TION (Street en	nd Number or	Rural Route Number,		
VIS	ECTOR: rs after n 28 i	313	4 Homicide determined						Ony o	· iowii, olaloj				
D 5	bours tem	7	29e. CERTIFIER 1 CERTIFYING PHYSICE	AN: To the best of n	ny knowledg	e, death occurre	d at the time, date	end placa, end due	to the caus	e(e) end menn	er ee stated.			
SPITA	TO THE FUNERAL D be filed within 72 ho IMPORTANT: If IN	COMPLET										euse(e) end menner ee stated.		
ž Š	d with	- 11	296. SIGNATURE AND TITLE OF CERTIFIER.	1			I	29c. LICENSE NUM				IGNED (Month, Day, Year)		
\$	E & 2	) BE	Benja & &	Lee, Mi	>	nel	Resident	SA-4-	820		₽.	-3-93		
	/	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH	(ITEM 27) (Type,	Print)							
N	) [	100												
N	)		Benjamin S. L	ee, MD.	- 53		res Hes	pital,	Ra	ltimov	e.,	MI) 21229		

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STATE OF MARYLAND / DEPARTMENT OF HEALTH A	
CERTIFICATE OF DEATH	REG. NO.

_		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF HEALTH AND TIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	, 22010					
		1. DECEDENT'S NAME (First, Middle, Last)	A Capte	K	2. DATE OF OEATH MONTH DAY	3. TIME OF OEATH					
». 19		4. SOCIAL SECURITY NUMBER 220-18-6713	5. SEX 6. AGE (In yrs. last birti		7. DATE OF BIRTH (Morith, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
l. A 3 should	стов	9a. FACILITY NAME (If not institution, give s	KKYWIII Rd	96. CITY, TOWN OR LOCATION OF	OEATH 9c. COUN	TY OF OEATH					
M	B B	10a. STATE 10b. COUNT	100	CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITED 1 Pres 2 NO					
020 physician. burial-transit per	FUNERAL	10. STREET AND NUMBER 1016 Chel 11. MARITAL STATUS	KY WILL POR	10f. ZIP CODE 2/2	25 (	S A					
215-0020 attending physician.	B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 FAO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP.  If yea, specify Cuben, Maxis  1  YES 2 NO Specification	can, Puario Rican, atc.)	14. RACE American Indian, Black, White, etc. Specify: Black					
T. 8 .	PLETED	15. DECEDENT'S EDU (Soactly only highest grade	completed) (Give kir	NT'S USUAL OCCUPATION ad af work done during most of working IOT use retired.)	16b. KINO OF BUSINESS/INOU	ISTRY					
2 88 1	E COMPL	T. FATHURS MANNE (First, Middle, Last)	Carter	18. MOTHER'S N	AME (First, Migdle, Meiden Surryeffe)	mek?					
MA retain 5 sho	TO B	MANY CAK	Lex 19b. MA	ILING ADDRESS (Street and Number or Rural O 16 Check	Poute Number, City of Town, State Zip (	70) 21225					
ALTIMORE, death. Page 6 may be funeral director, page		20a JETHOD OF DISPOSITION 1 In Burlai 2 ☐ Cramation 3 ☐ Hern 4 ☐ Danation 5 ☐/Other (Specify)	cemetery, cremator	ATE OF DISPOSITION (Name of yer over place)	POATE 20c. LOCATION - C	ly or Town, State					
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF THE THE PROPERTY TO THE SIGNATURE OF FACILITY 1639 1									
760, ed within 24 mours ompletely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in th	90011, 1116	23. Part I. Enter the diseases, of c shock, or heart allure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	complications that caused the death. List only one cause on each line.  B. OUE TO (OR AS A CONSEQUEN	wlaw Disea	ch as cardiac or respiratory arre	Appreximate interval Between Onset and Daeth					
BOX 68	TIF	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO OR AS A CONSEQUENT			years					
T = = =	S		I								
AL RECORDS, te law requires that the dea has been signed by the an Dept. of Health and Menta 123 shows any injury,	MEDICAL	PART I Other significant condition  POST POLI			Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
Iaw rectast been as been of 23 eth.	N N		7.000	*		1 TYES 2 NO					
F 2 2 2 2	I I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   May Outpetient 3   Do	28. PLACE OF DEATH (C OTHER: DA 4 Divising Home 5 Residence							
OF HYSICI Mis cer with th		27. MANNER OF DEATH  1 Natural 5 Pending		TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCU	IREO					
ION OI NDING PHYS E. After this or r death with	D BY	2 Accident Investigation	28e. PLACE OF INJURY Al home, le	M I YES 2 NO	281. LOCATION (Street and Number or Rural Route Number,						
ATTE CTOP STEE		8 Could not be determined	building, atc. (Specify)		City or Town, State)						
PITAL O ERAL DI In 72 ho	COMPL	29a. CERTIFIER (Check only one) 2 CERTIFYING PHYSIC CERTIFYING PHYSIC CAL EXAMINE	CIAN: To the best of my knowledge, death or R: On the basis of examination and/or investi	curred at the time, date and place, and du- getion, in my opinion, death occurred at the	to the cause(a) and manner as stated						
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIRE be filed within 72 hours	BE C	290. SIGNATURE AND THE OF CHITISTER		29c, LICENSE NU		SIGNED (Month, Day, Year)					
2 2 3	5	30. HAME AND ADDRESS OF PERSON WIN	DOMPLETED CAUSE OF OEATH (ITEM 27)	Type, Print)	54 29	kul 93					
		31. DATE FILED (Mover), Day, Mour!	MAZZ. REGISTHAR S SIGNATURE	7801 YORKE	d towson	md 2 1204					
	4	AUG 0 6 1993	Julie Devidor Bondall								

BALTIMORE, MARYLAND 21215-0020

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=	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	e file	JOE
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ARVIND

31. DATE FILED (Month, Day, Year) AUG 8/6/1383

NIRULA

MD

Davids

32. REGISTRAR'S SIGNATURE

UNIVERSITY

93 22877 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 3 WESLEY COUSER 6:45 PM Wesley Allen Couser 8 73 4. SOCIAL SECURITY NUMBER 5. SEX / 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH 1 M 2 | F 218-74-9679 28 4/30/1965 BALTO. MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR OF MARYLAND BALTIMORE 10b/COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2610 S. PACA STREET 21230 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) LEWIS COUSER HELEN MILLER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HELEN COUSER 2610 S. PACA STREET BALTO., MD 21230 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 Buriel 2 Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify) netion 3 - Re WESTERN STAR CEMETERY CATONSVILLE, MD OFFUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE I. Effer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on arch line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ALDS PNEUMONIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to dasth but not resulting in the underlying causa given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ΒY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 Homicide ᆸ 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and menner as stated. 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE I Terula 1 MD 13/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARYLAND, BALTIMORE

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BALTIMORE, MARYLAND 21215-005

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filed within 72 hours after death with the State Dept. of Health and Mentai Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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213 38 5218	,	1. DECEDENT'S NAME (First, Middle, Last)  Estelle				Craw	Crawford				2. DATE OF DEATH DAY AUGUST 1, 1993			3 YEAR	3. TIME OF DEATH 12:40 P.Ma.	
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THOUSENS SCREEN THE CLARA  The MALING ADDRESS (Street and Number of Rural Rook Number, City or Town, State, 20 Code)  Audrey Custy  20, PLACE AND DATE of BEDROSHTON, Number of Rural Rook Number, City or Town, State, 20 Code)  Audrey Custy  21, Domestion 5   Other (Roody)  22, DART I, Enter the deseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate and Number of April 1922. BART I, Enter the deseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate and Number of April 1922. BART I Enter the deseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate and Due to (on As a Consequence on):  29, PART I, Enter the deseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate and Due to (on As a Consequence on):  20, PART I Enter the deseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate and Due to (on As a Consequence on):  20, PART I I, Other significant conditions, I arrest and Death Town Office the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Con	3XXWIdowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2XXVIO Specify:									1	- 4					
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THOUSENS SCREEN THE CLARA  The MALING ADDRESS (Street and Number of Rural Rook Number, City or Town, State, 20 Code)  Audrey Custy  20, PLACE AND DATE of BEDROSHTON, Number of Rural Rook Number, City or Town, State, 20 Code)  Audrey Custy  21, Domestion 5   Other (Roody)  22, DART I, Enter the deseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate and Number of April 1922. BART I, Enter the deseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate and Number of April 1922. BART I Enter the deseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate and Due to (on As a Consequence on):  29, PART I, Enter the deseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate and Due to (on As a Consequence on):  20, PART I Enter the deseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate and Due to (on As a Consequence on):  20, PART I I, Other significant conditions, I arrest and Death Town Office the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Consequence on the Con	Ö	17. FATHER'S NAME (First, M	iddie, Last)						16. MOT	HER'S NAM	E (First, Mi	idle, Maiden	Sumame)			
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23. PART I. End the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Desth Due to (or as a consecutence or):    Approximate interval Between Onset and Desth Due to (or as a consecutence or):	1	1XXBurial 2 - Crematic	n 3 🗆 Remo	oval from State	cemetery	cremetory or r	ther place!				1					
MCCUITY Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition and the condition and the condition and the condition and the condition and the condition and the condition and the condition and the condition and the condition and the condition and the condition and the condition and contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS CASE REFERRED TO MEDICAL EXAMINER?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. DATE Of INJURY A borne, farm, street, factory, office and fluority or course farm and place, and due to the cause(s) and manner as stated.  26. DATE OF BRAIN CONCINE CONCINE CONCINC CONC. (A) Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Concine Conc				ENGEE		dowr10						/93	Elkn	idge,	MD	
Approximate shock, or heart feliure. List only one cause on each line.    MMEDIATE CAUSE (Final desease, for complications that cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause on each line.   Management of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the ca		Stoli	2	00	4		22.1	McC	ully	Fune	ral 1	Home o	of Pa	asade	na D 21122	
MMEDIATE CAUSE (Final disease or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CON		23. PART I. Enter the di	seases, or c	omplications the	t caused tha	death. Do	not enter									
Sequentially list conditions,   a.   DUE TO (OR AS A CONSEQUENCE OF):	- 1	shock, or h	eart fellure.	List only one cau	se on each i	ine.			200	Ser Sec					interval Between	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE							1-				~0	20				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE	ł	resulting in death) - a. Metastatic caremona Facing month										ronvag				
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY PERFORMED?   24b. WERE AUTOPSY FINDINGS ANLASE PINOT   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NOW, State and Number or Paral Route Number, Chyor Rown, State)   26b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE OF DEATH (ITEM 27) (Type, Print)   YES 2   YES 2   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3	2			502 10	ON AS A CON	SEQUENCE U	r):					0				
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY PERFORMED?   24b. WERE AUTOPSY FINDINGS ANLASE PINOT   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NOW, State and Number or Paral Route Number, Chyor Rown, State)   26b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE OF DEATH (ITEM 27) (Type, Print)   YES 2   YES 2   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3	ATIO	if any, leading to imme-	diate	DUE TO	(OR AS A CON	SEQUENCE O	F):									
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY PERFORMED?   24b. WERE AUTOPSY FINDINGS ANLASE PINOT   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NOW, State and Number or Paral Route Number, Chyor Rown, State)   26b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE OF DEATH (ITEM 27) (Type, Print)   YES 2   YES 2   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3	FIC	CAUSE (Disease or Inju		DUE TO	(OR AS A CON	SEQUENCE O	F):									
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY PERFORMED?   24b. WERE AUTOPSY FINDINGS ANLASE PINOT   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NOW, State and Number or Paral Route Number, Chyor Rown, State)   26b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE OF DEATH (ITEM 27) (Type, Print)   YES 2   YES 2   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3   YES 3	ERT		' <b>(</b> ,	1												
25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the base of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29a. CERTIFFER 1 CERTIFFUNG PHYSICIAN: To the base of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. STONATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  31. DATE FILED (Month, Day, Veer)  32. MEDICAL EXAMINER: On the base of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Veer)  31. DATE FILED (Month, Day, Veer)  32. REGISTRAR'S SIGNATURE  33. REGISTRAR'S SIGNATURE  34. PLACE OF DEATH (ITEM 27) (Typo, Print)  35. REGISTRAR'S SIGNATURE  36. PLACE OF DEATH (ITEM 27) (Typo, Print)  37. DATE FILED (Month, Day, Veer)  38. PLACE OF INJURY — At home, farm, street, factory, office  28c. RAJBER (C. Date M. Mumber or Rural Route Number, City or Rown, State)  29d. DATE SIGNED (Month, Day, Veer)  37. DATE FILED (Month, Day, Veer)  38. PLACE OF INJURY — At home, farm, street, factory, office  29d. DATE SIGNED (Month, Day, Veer)  37. DATE FILED (Month, Day, Veer)  38. PLACE OF INJURY — At home, farm, street, factory, office  29d. DATE SIGNED (Month, Day, Veer)  37. DATE FILED (Month, Day, Veer)  37. REGISTRAR'S SIGNATURE		PART ii. Other significe	nt condition	a contributing to	death but no	ot reaulting	In the un	derlyln	Ceuse	alven in P	Part I :	An WAS AN	AITTOPEV	24h	WEDE AUTOREY EMPINOS	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	S											PERFORMED?		/\ ·~	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO																
The status   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second	ä															
The status   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second	S		MEDICAL	HOSPITAL					ACE OF D	EATH (Chec	ck only one)					
The status   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second	1S	1 TES 2 NO			ER/Outpatient	3 🗆 DOA			6 5 🗆 R	esidence 6	Other (	Specify)				
3 Suicide 4 Homicide 5 Could not be determined  286. PLACE OF INJURY — At home, farm, street, factory, office 296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  SANGE C. Do H. M. D.   D. D. Crain May Suffer 206 Glun Bournel.  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE		1 Netural 5						WO	RK?		28d. DEŞC	RIBE HOW II	NJURY OC	CURED		
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. D. D. D. D. D. D. D. D. D. D. D. D. D.		3 Suicide 8 Could not be 26s. PLACE OF INJURY — At home, fer building, etc. (Specify)					n, street, factory, office 261. LO									
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. D. D. D. D. D. D. D. D. D. D. D. D. D.		29a, CERTIFIER 17 CERT	IFYING PHYSIC	CIAN: To the heat of	my knowledge	death occur	ad at the ti				al a second			To a		
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. D. D. D. D. D. D. D. D. D. D. D. D. D.	OMP															
SANG C. Do H. M. D. 1600 Crain thoy Suffe 206 Glin Burne, MD 2106/ 31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE	BE	296 SIGNATURE AND TITLE	OF CERTIFIER	~ /	n				29c. LIC	ENSE NUME	BER		29d. DAT	E SIGNED	(Month, Day, Year)	
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	일	30-NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (I	TEM 27) (Type	, Print)			. /~					7	
		SANG C.	-7 6				Hovy	. 5	4 Fe	206	6	len B	cemil	1	10 21061	
	10			JULY DEVI	AS SIGNATURE	delle										

(14)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicis TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be fined within 72 hours after death with the State Gen; of health and Mental Hygiene prior to burial, cremonal.
IMPURIANT. II HEIH 60 IS HIRTREN, OF HEIH 62 SHOWS ANY HIGHLY, OF OTHER MAINTENE EVENT, THE HEALTSHEWET EXAMINET MEST DE NOTHED ST ONCE.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 -	FOR STATE REGISTRAR
1.0	ECEDENT'S NA

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CENTIL	ICATE	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  MAUDE  K			OPER		2. DATE OF OEATH 03 DA	w 93 r	3. TIME OF OEATH 53 PM
	4. SOCIAL SECURITY NUMBER 232-09-2337	5. SEX 6. AG	81 YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Morth, Day, Year) 4/13/12		BIRTNPLACE (State or Foreign Country) West Virginia
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOV	/N OR LOCATION OF I		9c. COUNTY	
DIRECTOR	NORTH ARUNDEL HOSPITAL ASSOCIATION			GLEN	BURNIE			. COUNTY
#	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
	Maryland   Anne Arundel			evern	101, ZIP CODE		44 017177	1 TES 2 NO
FUNERAL	7717 Telegrap				211	22	1	N OF WHAT COUNTRY? USA
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVE FORCES? 1   YE	S 2 NO			ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, atc.
) BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	10	YES 2 NO Spec	lfy:		Specify: White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S (Give kind of	USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUS	TRY
PE	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)				]_		
MO	17. FATHER'S NAME (First, Middle, Last)		Recii	eu keg	istered N	urse AME (First, Middle, Meiden	Communical Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of th	
BE C	David	Edgar	Kline			abeth Ja		
10 B	19e. INFORMANT'S NAME (Type/Print)				et end Number or Rura	Route Number, City or Town	n, State, Zip Co	
-	Atty. Norwood Sch			_		SW, Glen B		
	1 XBuriel 2 Cremetion 3 Remo	numl from Ctate	cob. PLACE AND DATE: correctory, crompatory or of GIEN Have			8/5/93 Gle		nie, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Kevi	n E. Ecke	Y 22. NAM	Cully Fund	eral Home o	f Broo	ok1yn
$\dashv$	23. PART I. Enter the diseases, Dr c	omellostices that some	and the street for	23	7 E. Pata	osco Ave.,	Balto.	. Md. 21225
	IMMEDIATE CAUSE (Final	List Dniy Dna cause Dn	each ilna.					Intarval Batween
z		DUE TO (OR A	S A CONSEQUENCE O	F):				
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR A	S A CONSEQUENCE O	F):				
TIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE O	F):				
<b>#</b>	Todaking in destri) Exo.	d						
	PART il. Other algnificant condition	a contributing to death	but not reauiting	in the underl	ring cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL	HYPOVOUS	SHOCK	- 0:0			1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME .	HALONOR	MIC >1	HOER					1 TYES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck only one)		
SIC	EXAMINER?	HOSPITAL:	utpetient 3 DOA	OTHER:	lome 5 🗆 Rasidence			
PHYSICIAN: M	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJUR (Month, Day, Year			INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCUR	RED
à	2 Accident Investigation	28a PLACE OF IN III	RY — At home, ferm,		YES 2 NO			
COMPLETED	3 Suicide 8 Could not be determined	building, atc. (S	pecify)	Rreet, ractory, o	птев	261. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,
글	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kn	owledge, death occurr	ed at the time, o	ate end place, and du	a to the cause(e) and men	ner es atated.	
Š	2 MEDICAL EXAMINE	R: On the basis of examinar	tion end/or investigation	n, in my opinio	, death occured at the	e time, date end place, end	d due to the co	suse(e) end menner es stated.
띪	29b. SIGNAPURE AND TITLE OF CERTIFIER	Allen	dip 1	10	29c. LICENSE NU	MBER 776	29d. DATE SI	GNED (Month, Day, Year)
٥	30. NAME AND ADDRESS OF PERSON WHO SURYA P. MUNDRA,	M.D./1600	DEATH (ITEM 27) (Type, CRAIN HIGH	Print) IWAY.SW			MARYLA	ND 21061
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			"CCO, OBL			
3	AUG 0 6 1993	Lulia Davida						

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tached for use as the burial-transit permit. Pages 1, 2, 3 should		
90	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once	

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, her	William C.	DENHARDT			2. DATE OF DEATH MONTH DAY	4 01/1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIF	THPLACE (State or Foreign"
	214-01-5897	1 € M 2 □ F 81	YRS.	MONTHS DAYS	HOURS MIN.	09 04 11	. Ma	aryland
~	FACILITY NAME (If not institution, give				R LOCATION OF DE		9c. COUNTY OF	DEATH
DIRECTOR	Caton Manor	Nursing Home		Baltin	nore City	у		
S	10e. STATE 10b. COU				ON			10d, INSIDE CITY
뜸	Maryland		ltimore				LIMITS?	
AL	10e. STREET AND NUMBER				ZIP CODE		10a CITIZEN O	1 X YES 2 NO
FUNERAL	2460 Washington	Blvd			21230	1.5	U.S.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Yes		CE — American Indien.
BY F	1 Never Married 2 Married 3 Widowed 4 XDivorced	FORCES? 1 YES		If yee, spe	cify Cuben, Mexica 2 XNO Specify	n, Puerto Rican, etc.)	86	ick, White, etc.
								white
COMPLETED	15, DECEOENT'S EI (Specify only highest gra	DUCATION ide completed)	16e. DECEDENT'S US (Give kind of wor	rk done during mas	N t of working	16b. KIND OF BUSI	NESS/INOUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT use					
OME	17. FATHER'S NAME (First, Middle, Last)		traffic 8	transi		llaor Balt		ity
	Charles DENHA	ייתים				ME (First, Middle, Maiden S	umeme)	
BE	190. INFORMANT'S NAME (Type/Print)	ND I	405 MAIL DIO A	DDDF00 (O)		CRANBERG  Route Number, City or Town,		
5	Gary Denhardt				Ave, Tov			
	20e. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF				21204	
	1 Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from State	metary crematory or other oudon Park	er place)	***	- 4 -	timore.	
	21. SIGNATURE OF FUNERAL SERVICE					L HOME, IN		TID
	ALIM DE	Fisher						
	23. PART i. Enter the diseases, D	or complications that course	d the death December	410/ W	11kens A	lve, Baltim	ore, MD	21229
NOI	IMMEDIATE CAUSE (Final disease or condition reaulting in desth)  Sequentisity list conditions,	e. List only one cause on e	A CONSEQUENCE OF:	rans	line,	arrhit	troin	Approximate Interval Batween Onset and Desth
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS /	A CONSEQUENCE OF):		0	0	)	0
MEDICAL	PART II. Other significant condition	one contributing to death	out not resulting in	the underlying	cause given in I	Part i, 24a. WAS AN AN PERFORM 1 TYES 2	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL			/26. PLA	CE OF DEATH (Che	ck only one)		
Sic	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs		THER:	5 Residence			
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJUI	RY AT	28d. DESCRIBE HOW INJ	URY OCCURED	
BY	1 Matural 5 Pending 2 Accident Investigation		INSON	M 1 YE				
	3 Suicide a Could not be	28s. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stre	et, factory, office		28f. LOCATION (Street end	d Number or Rural	Route Number,
	4 Homicide determined		,,			City or Town, State)		
COMPLETED	29e. CERTIFIER (Check only	SICIAN: To the best of my know	ledge, death occurred a	at the time, date e	nd place, end due t	to the cause(e) and menne	er as stated.	
O	one) 2 MEDICAL EXAMIN	NER: On the basis of examination	n end/or investigation, i	in my opinion, dea	ith occured at the t	lime, date end place, end	due to the ceuse	(e) end menner ee stated,
	296: GIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUM			D (Month, Day, Year)
O BE	Comp.	Parleh	M		029	767	· 8/:	5/93
2	30. NAME AND ADDRESS OF PERSON W	THE COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	ine) B+1	9 314	d Paris	Oan de	up alla
	31. 04 FUE (16" 60" 9 9 3	FUND DAMES SICH	ATURE	NV.	, 0,0	V		10 21122

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Ib filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDE			CERT						
	Butts	Elis				2. DATE ( MONTH 8 - 4	-93	YEAR	3. TIME OF DEATH
231-	22-2853	18 M 2 🗆 F	AGE (In yrs. lest birthde	S. MONTHS DA	YS HOURS MIN.	9-2	F BIRTH Day, Year) 6 - 24	Count	IPLACE (State or Foreign ry) ZABETH N
VETE	RANS HOSPI				TIMORE	DEATH	9c.	COUNTY OF	DEATH
10a. STATE		Y		LTIMOR					10d. INSIDE CITY LIMITS? 1\(\sum_{\text{T}}\) YES 2 \(\sum_{\text{NO}}\) NO
11010000	BEAUMONT A	VE.	10.	ETTION	101. ZIP CODE 21212				WHAT COUNTRY?
	LL STATUS  r Married 2) Married  wed 4 Divorced	12. WAS DECEDENT EV FORCES? 1)	YES 2 NO	If yes	DECENDENT OF HISP/ s, specify Cuben, Mexic YES 2/ N/ Spec	an, Puerto R	(Specify Yes or N	o— 14. RAC Blac	E — American Indian, k, White, etc.
	15. DECEOENT'S EDU (Specify only highest grade tarry/Secondary (0-12)	JCATION s completed) College (1-4 or 5+)	(Give kind	T'S USUAL OCCUP of work done during T use retired.)	PATION g most of working		KIND OF BUSINES		O Q A D D
17. FATHER	th "S NAME (First, Middle, Last)  ENE BULLETC					AME (First, M	iddle, Meiden Surne		LPTARD
19a, INFOR	ENE BUTTS  MANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (Str	ELLA M	Route Numbe	or, City or Town, Sta	te, Zip Code)	
20e, METH	CE BUTTS  OO OF DISPOSITION		807		ONT AVEN	UE BATE	ALTO.,	MD 2	212
4 🗆 Done	1 2 Cremation 3 Rantition 8 Other (Specify)		garr 1	son for	rest E AND ADDRESS OF F	8-9	reis		
•	Bembed 1	O gohns	ממ	WM	. C. MAR	CH F			ORTH AVE
disease d	shock, or heart feilure. TE CAUSE (Final or condition in death)	s. DUE TO (OR	Lrocens as a consequence						Interval Batw Onset and D
Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
CAUSE (I	sted events	DUE TO (OR	AS A CONSEQUENCE						
CAUSE (I that initia resulting	sted events	d			lying cause given is		24a. WAS AN AUTO PERFORMED? 1 YES 2 N		AVAILABLE PRIOR TO
CAUSE (I that initia resulting PART II.	other algorificant condition	d		ng in the underl	lying cause given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
CAUSE (I that initial resulting PART II. )	Other significant condition  SE REFERRED TO MEDICAL NER?  SE 2 NO	d	ath but not resulting	20 OTHER:	8. PLACE OF DEATH (C	heck only one	PERFORMED?  1 YES 2 N  (Specify)	0	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
CAUSE (I that Initia resulting PART II  25. WAS CA EXAMII 1   YI   YI   YI   New York   YI   New York   YI   New York   YI   New York   YI   YI   New York   YI   YI   New York   YI   YI   YI   YI   YI   YI   YI   Y	Other significant condition  SE REFERRED TO MEDICAL NER? ES 2 NO R OF DEATH	na contributing to dea	NOutpatient 3 DO/	OTHER: A 4 Nursing  TIME OF INJURY M 1	8. PLACE OF DEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO	heck only one	PERFORMED	0	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
CAUSE (I that Initia resulting PART II  25. WAS CAEXAMII 1   YI   YI   YI   New York PART II	Other eignificant condition  SE REFERRED TO MEDICAL NER?  NOR OF DEATH turn 5 Pending Investigation cident icide 8 Could not be	na contributing to dea	WOutpatient 3 DOA URY 28b. 1	OTHER: A 4 Nursing  TIME OF INJURY M 1	8. PLACE OF DEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO	s Other 28d. DESC	PERFORMED?  1 YES 2 N  (Specify)	y occured	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
CAUSE (I that initial resulting PART II	Other significant condition  USE REFERRED TO MEDICAL NER? ES 2 NO R OF DEATH tural 5 Pending Investigation licident licide 8 Could not be determined  FIER Only  EERTIFYING PHYS Only	d	WOutpatient 3 DOA URY 28b. Seer) JURY — At home, ferr (Specify)	OTHER: A 4 Nursing TIME OF INJURY M 1 m, street, factory, o	8. PLACE OF DEATH (C Home 5   Residence INJURY AT WORK?   YES 2   NO offlice	beck only one  5 Other  28d. DESC  28f. LOCA City of	PERFORMED  1 YES 2 N  (Specify)  RIBE HOW INJURY  FION (Street and No. 7 Town, Stete)	y OCCURED umber or Rural I	COMPLETION OF CAUS OF DEATH?  1 YES 2 NO

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I	M p
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31. DATE FILED (Month, Day, Year)

AUG U 0 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

me varidon forder

93 22882 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH I. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HOWETH KAIHL EEN want NSOR 4:50 PH 993 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday 7. WATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 K F HOURS YRS. 219-34-4541 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR St. Joseph Hospital Towson Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 TES 2 NO Towson FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1312 B Colbury Road 21239 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Pu BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Clerk/Typist Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Howeth BE Ruth C. Long 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cecil P. Ensor B. Colbury Road Towson, MD 21239 20a. METHOD OF DISPOSITION

KX Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of XX Burial 2 Cremation 3 4 Donation 5 Other (Specify) OATE 20c. LOCATION - City or Town, State Woodlawn, Maryland CORRECTED 8/9/93
22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Johnson Funeral Home Christina 8521 Loch Raven Blvd Towson 21286 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Intarval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) once OUE TO (OR AS A CONSEQUENCE OF): or Item 23 shows any injury, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE I TYES 2 BAR T VES 2 NO WAS CASE REFERRED TO MEDICAL HOSPITAL: 1 YES 2 NO nt 2 - ER/Outs 3 CI DOA 4 1 10 27. MANNER OF DEATH (Month, Day, West) 28 Is marked, 28c. HUURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO ВҰ 2 Accident 28e. PLACE OF INJURY -- At home, ferm, street, factory, office building, etc. (Specific 3 Suicide 201. LOCATION (Street and Number of Rural Route Number, City or Taxes State) 6 Could not be COMPLETED 4 | Homicide IMPORTANT: If Item 29a. CERTIFIER

// Dack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER

29d. DATE SIGNED (Month, Day, Year)

8

No hill of a fine

Websell Carlotter

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 28a-f, PER MEO FILM G-705 11/9/93 t.t

22883 93

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, Last) CHRISTOPHER			FLY	E	2. DATE OF OEATH	<b>y</b> 9'.	3. TIME OF DEATH 6:15 P. M
	4. SOCIAL SECURITY NUMBER 410-55-3329	17 <b>€</b> M 2 🗆 F		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-16-19		BIRTHPLACE (State or Foreign Country) Tenn.
TOR	99. FACILITY NAME (If not institution, give so HOWARD COUNTY ( RESIDENCE OF DECEDENT			6. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	
DIRECTOR	10e. STATE 10b. COUNTY Tenn.	Nashville						10d, INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
FUNERAL	10. STREET AND NUMBER 2400 Buena Vis	sta Pike		101.	37207		10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC	cify Cuban, Mexica	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No.— 14.	RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDU( (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use of	BUAL OCCUPATION  k done during mosetired.)	N st of working	16b. KINO OF BU	SINESS/INDUS	
MPL	0	College (1-4 or 5+)	N/A				N/A	
	17. FATHER'S NAME (First, Middle, Last) UNKNOW	m			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)	
) BE	19a. INFORMANT'S NAME (Type/Print)	11	196. MAILING AD	DRESS (Street or		Poute Number, City or Tox	rn, State, Zip Co	de)
2	Zelda Flye					Pike Nas		
	20e. METHOD OF DISPOSITION  1  Buriel 2  Cremation 3  Remo 4  Donation 5  Other (Specify)	oval from State cem	PLACE AND DATE OF I	place)				or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	yant To	32. NAME AN	D AODRESS OF FA			
	Carlyon	C. Da	udan	1701	Macul 1	uneral So		
	23. PART i. Enter the disesses, or c shock, or heert failure. I IMMEDIATE CAUSE (Final disesse or condition resulting in daath)	s. Munipus	Scurr	entar tha mod	da of dying, suci	h as cardlec or reep	iratory arrest	Approximeta interval Between Onset and Deeth
CERTIFICATION	Sequantielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
	resulting in death) LAST	d						
PHYSICIAN: MEDICAL (	PART II. Other significent conditions	s contributing to death be	ut not resulting in t	tha undarlying	cause given in	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ock only one)		
IXSI	1 TYES 2 NO	1 Inputient ZXXER/Outp	ntient 3 DOA 4			6 Other (Specify)		
ВУ РН	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) UNKNOWN	UNKNOW	Y WOF		SUBJECT BEA		ED
	3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY building, stc. (Speci	— At home, farm, stre- fy) UNKNOWN	et, tactory, office		261. LOCATION (Street of City or Town, State)	end Number or F	
COMPLETED		CIAN: To the best of my knowlers: On the basis of examination	edge, death occurred a				nner se atated.	
H	29b. HUMATURE AND TITLE OF CERTIFIER	Uhill			O.C.M.			GNEO (Month, Day, Year) 4 – 1993
5	HAME AND ADDRESS OF PERSON WHO HAME AND ADDRESS OF PERSON WHO					ltimore,	Mary	land 21201
	AUG OG 1002	32. REGISTRAR'S SIGNA						



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BALTIMORE, MARYLAND 21215-0020	manufaction with a description of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract
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F VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARYLAND 21215-0020  SICIAN: The law requires that the death certificate be executed within Zernours after death. Page 6 may be retained by the hospital or attending physician. Completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in State Dept. of Health and Mernal Hygiene prior to burial, cemation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL DR ATTRIBUTE PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR. As this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DR JOSEPH R 31.04AUG WU 6 1993

REILLY

8600

3, REGISTRAR'S SIGNATURE THE PARTY HOUSE

Liberty Road,

Baltimore, MD

						93	22884		
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / D	DEPARTMENT OF RTIFICATE OF	HEALTH AND M	ENTAL HYGIENI REG. NO.	E			
-	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	WELDON	WATSON FI	JLLER . JE	,	8-2-93	Y YEAR	6:52A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest b			7. DATE OF BIRTH	a. Biffi	HPLACE (State or Foreign		
- }		1 M 2 D F 51	YRS. MONTHS DAYS	7.122		Cour	TO., MD		
~	9a. FACILITY NAME (If not institution, give street 2926 ROCK ROSE)			OR LOCATION OF DEA	тн	9c. COUNTY OF	DEATH		
Ö		Avenue	Balti	more		na			
តួ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c, CITY, TOWN OR LOC	471041					
DIRECTOR	MD na		Baltimo				10d. INSIDE CITY LIMITS?  1 YES 2 NO		
FUNERAL	10s. STREET AND NUMBER		1	Of. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
8	2926 Rock Rose	Avenue		21215		US	7.7		
3		2. WAS DECEDENT EVER IN U.S. ARME	D 13. WAS DI		C ORIGIN? (Specify Yes	or No 14. RAC	E - American Indian		
BY	1 Never Married 2 Narried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes,	pecify Cuban, Mexican, S 21 NO Specify:	Puerto Rican, etc.)	Ble	ck, White, etc.		
	15. DECEDENT'S EDUCA' (Specify only highest grade co		DENT'S USUAL OCCUPAT	ION	16b. KIND OF BUS	INESS/INDUSTRY			
COMPLETED			kind of work done during r o NOT use retired.)	nost of working					
₹ I	17. FATHER'S NAME (First, Middle, Last)								
					E (First, Middle, Maiden S	Sumame)			
H	WELDON W. FULL			MARI					
2	19a. INFORMANT'S NAME (Type/Print)	19b. I	MAILING ADDRESS (Street	and Number or Rural Ro	oute Number, City or Town	, State, Zip Code)			
	GEORGIANNA FULL	ER 5	108 LAURE	L AVENUE	BALTIN	ORE, M	ID 21215		
	20a. METHOD OF DISPOSITION Durial 2 Cremation 3 Remove	I from State   comptany commo	D DATE OF DISPOSITION (			ATION — City or 1	Town, State		
	4 Donation Other (Specify) in	state Removal	Garrison	Forest	Owi	nas Mi	lls, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Ronald Wade,	Dir 22. NAME	ANO ADDRESS OF FACI	LITY ·		19 11 11 11 11		
	► NU1 17 11	1 1011	LERO	Y O. DYE	TT & SON	FUNER	AL HOME		
_	23. PART L'Enter the diseases, or cor	unitations that Award the deat		LIBERTY	HEIGHTS	AVENU			
	shock, or heart failure. Lie	it only one cause on each line.	n. Do not enter the m	lode of dying, such	as cardiac or reapir	atory arrest,	Approximate interval Between		
ľ	IMMEDIATE CAUSE (Final disease or condition	1. 11		1.	1000		Onset and Death		
	resulting in death)	guad	en aus	une o	ilach		nunules		
	resulting in death)  a.   Author Culdid death  Due to (or as a consequence of):  Author Culdid mytopathy allus zwelks								
2									
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS A CONSEDU	ENCE OF):	Hirton.	V				
2	CAUSE (Disease or Injury	- Halt	us mu	uur					
는	that initiated events resulting in death) LAST	DUE TO (DR AS A CONSEQUE	ENCE OF):						
EH	d.								
	PART II. Other significant conditions	contributing to death but not rea	ulting in the underlyi						
PHYSICIAN: MEDICAL	Sales Significant Solidations	materta m	A / / / / / / _	ng cause given in P	ert I. 24a. WAS AN / PERFORI		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă		Danger In	comes		1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?		
¥					_		1   YES 2   ND		
ž									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26.	PLACE OF DEATH (Chec	k only one)				
Si		OSPITAL: ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐	DOA 4 Nursing Ho	me 5 Residence 6	Other (Specify)				
ξI	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF 28c. IP	JURY AT	28d. DESCRIBE HOW IN	JURY OCCURED			
BY F	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?  2 Accident Investigation Investigation								
	a	28e. PLACE DF INJURY — At home	, ferm, street, factory, off	ice :	28f. LOCATION (Street or	nd Number or Flural	Floute Number		
Ē	4 Homicide 6 Could not be	building, atc. (Specify)			City or Town, State)				
iy.	29e. CERTIFIER	10.2		Control of the last		-			
A D	(Check only	N: To the best of my knowledge, death							
COMPLETED	2   MEDICAL EXAMINER:	On the basis of examination end/or invi	estigation, in my opinion,	death occured at the til	me, date and place, and	due to the ceuse	(e) and manner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	11 11	no h	29c. LICENSE NUMB	ER	29d. DATE SIGNE	D (Mghth, Day, Year)		
	A	run Kellix	IND	1293	02	D 8/	1/95		
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE DE DEATH (ITEM :	7) (Time Print)	100		1 1	,		

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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF I	HEALTH AND I	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)		(SIDN	EY FRIED		2. DATE OF DEATH		3. TIME OF DEATH
	Sidnes	1 Fri	edmo	14		P - Z	_ 9	J:37 AN
5	4. SOCIAL SECURITY NUMBER 2 2/8-32-3003	1 ☑ M 2 ☐ F	(In yrs. lest birthdey)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) MARYLAND
-	9e. FACILITY NAME (If not institution, give st	treet end number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH
DIRECTOR	SINAI HOSPITAL RESIDENCE OF DECEDENT			BAL	TIMORE			
DIRE	MARYLAND 106. COUNTY	1	10c. C/1	P, TOWN OR LOCAL BAL	TIMORE			10d. INSIDE CITY LIMITS? 1 XXES 2 NO
FUNERAL	100 STREET AND NUMBER 52 HAMILL CT.			10	21210		10g. CITIZE	N OF WHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 NO	If yes, sp 1 ☐ YES	CENDENT OF HISPAR ecity Cuben, Mexice 5 2 NO Specifi	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	os or No — 14	RACE — American Indian, Black, White, atc. Specify: WHITE
0	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	JSINESS/INDUS	STRY
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mose retired.) PROPRIE		CHESA	APEAKE	RESTAURANT
	17. FATHER'S NAME (First, Middle, Last) MORRIS FRIEDMAI	N			18. MOTHER'S NA DOR	A SPIELMAN	Surname)	
TO BE	190. INFORMANT'S NAME (Type/Print) MRS AUDREY H. F'I	RIEDMAN	196. MAILING 52 H	ADDRESS (Street of AMILL CT	and Number or Aurel I BALTIMO	RE, MD 212	Nn. Stete, Zip C.	ode)
	205/METHOD OF DISPOSITION	200	PLACE AND DATE	OF DISPOSITION (Na	arne of	OATE 20c. LO	DCATION — CH	y or Town, State
	1 Burial 2 Cremation 3 Remo	cen	ANSHE	EMUNAH (A	ITZ CHAI	M) 8-3 -9		TIMORE, MD
	21. SIGNATURE OF FUNERAL BEHVICE AUC	Louis		SOL		& BROS.,		MORE, MD 21215
	23. PART / Entay the diseases, or c	omplications that ceuse	d tha death. Do i	not anter tha mo	da of dying, suc	h es cardiac or resp	eiretory arres	t, Approximata
	shock, or heart feliure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ach line.		,		,	interval Batween Onset and Death
7		DUE TO JOH AS	CONSEQUENCE 6	ni a in Co	re / Ce	enth.		
ATIO	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING	DUE TO JON AS	CONSEQUENCE O	F):	10000	RAINY		<u> </u>
RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
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MEDICAL	PART II. Other significant conditions	n contributing to deeth b	ut not resulting	in the underlyin	g causa given in	Part i. 24a. WAS AF PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
								OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Outp		OTHER:	ACE OF DEATH (Ch			<u> </u>
Ě	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM		e 5 Residence	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCU	RED.
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 🗆	RK? YES 2 NO	ass. DESCRIBE HOW	MOONT OCCU	NED
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s	street, factory, offic	•	281. LOCATION (Street City or Town, State	end Number or )	Rural Route Number,
COMPLET		CIAN: To the best of my know R: On the beste of examination						euse(e) end manner ee stated.
ш	29L SIGNATURE AND THE OF CERTIFIER				29c. LICENSE NUM			IGNED (Month, Day, Year)
TO B	Man	Kun	. Med	9			18	-2-93
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type,	Print)				

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

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1993



Hospig Battlmore

Charl	Middle, Last)									TE OF DEATH		T	3. TIME OF DEATH
Unall	es C.	Fink						3-4	MO	NTH D	4 1	993	630
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. Is	asl birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	-	USUST	4 1		PLACE (State or Foreign
212-18-5833	11111	1 🕅 M 2 🗌 F	74	YRS.	MONTHS	DAYB	HOURS	MIN.	(Mo	3-1-18		Country	)
9e. FACILITY NAME (If not ins	stitution, give str	reet and number)			9b, CITY.	TOWN OR	LOCATION	ON OF DE	_	0-1-10	9c. CO	UNTY OF DE	yland
Anne Arund	ol Con	oral Hog	nital					. 1 4	Anne				
RESIDENCE OF DEC	EDENT		priar			A	шар	OTT	5			Anne	Arundel
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OF		N						10d. INSIDE CITY LIMITS?
Maryland	Anne	Arundel			Ri	va				7.15			1 YES 2 NO
10e. STREET AND NUMBER						101. 2	ZIP CODE				10g. CI	TIZEN OF WI	HAT COUNTRY?
28 Shorew	alk Ro						2.11	.40				U.S.A	• -
11. MARITAL STATUS  1 Never Married 2 I I  3 Wildowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2 MR OR OATES		If		Ify Cube	n, Mexica	n, Puer	SIN? (Specify Ye to Rican, etc.)	or No—	Black, Specifi	— American Indian, White, atc. /: 11te
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Elementary/Secondary (0-	highest grade c	College (1-4 or 5 s	·)	Give kind of le. Do NOT u	work done di se retired.)	uring most	of working	g					
		l Year		ervi	ce Te	chni	cian	1		Montgo	mery	Ward	S
17. FATHER'S NAME (First, Mic	ddle, Lasi)					9.0	18. MOTH	IER'S NA	ME (Firs	t, Middle, Maiden	Surname)		
Elmer J	. Fink							Katl	hry	ı W.	Path		
19e. INFORMANT'S NAME (Ty		18,470								ımber, City or Tox			E 201 113
Mrs. Cha	rlotte	Diem	6	206 1	ront	ier	Cour	t S	Syke	esville	, MD	217	84
20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 □ Cremation		rval from State			OF DISPOSIT				1		CATION -	- City or Tow	rn, State
4 Donation 5 Other			Carro	II Ci	remat:					7 Ham	pste	ad, M	aryland
21. SIGNATURE OF FUNERAL	SERVICE LICE	n M	Zens	ins	Lo		Bye	rs l	Fune	eral Di I Rand			
IMMEDIATE CAUSE (Find disease or condition resulting in death)	ons,	Ser	OR AS A CONSI	FOUENCE O	rr/								11 4r 9rs
if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injur that initiated events resulting in death) LAST	ng ry c	OUE TO	(OR AS A CONSI										
cause. Enter UNDERLYIF CAUSE (Disease or injur that initiated events resulting in death) LAST  PART II. Other algnificar	ng c	contributing to	deeth but not		in the unc	Ins	12	P	Pert I.	24a. WAS AN PERFO 1 YES	RMED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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DATE OF (Month, D) 28e. PLACE O building, CIAN: To the best of e:	ER/Outpetlent INJURY ey, Year)  my knowledge, c xamination and/outpetlent my knowledge, c	D Lo  20b. 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PLA	CE OF D  5   Ra  RY AT  K?  S 2	P TVS  EATH (Ch eldenca NO and due	8 O O 28d. (	PERFOI  1 YES:  one)  ther (Specify)  DESCRIBE HOW  OCATION (Street fly or Town, State)	NJURY O	CCURED  er or Rural Ru inted.  the cause(e)	AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



ansit permit. Pages 1, 2, 3 should

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 79 house after death with the State ham of Health and Mental Horizon enfor to hind removal	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in- the find within 27 hours after death with the State Dent of Health and Mental Handons infort in british cremitation or removal	3 2

31. DATE EILED (Month, Day, Year)

							0.11	2. DATE (	OF DEATH	W.	YEAR	3. TIME OF DEATH
James Edward		FLET	TCHE	3				mon in	3-4-9	.3	YEAR	11:30 A
4. SOCIAL SECURITY NUMBER 216-58-2442	5. SEX 1 2 M 2 F	6. AGE (In yrs. Is 40	yrs.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER	MIN.	7. DATE C	F BIRTH Pay, Year) 8,1952	)	6. BIRTHI Country V 1	PLACE (State or Foreign ) rginia
9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DI			
Franklin Squa	are Hosp	ital		Rossville					Baltim			ore
RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY			10c. CIT	Y, TOWN D	R LOCAT	ION		_	-			10d. INSIDE CITY
	altimore				ssex							LIMITS?
10a. STREET AND NUMBER					101	. ZIP COD				10g. CIT		HAT COUNTRY?
816 Platinum A							.221				US	A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. A YES 2 WAR OR DATES			f yes, sp	ENDENT ( ocity Cube 2 🖄 NO	m, Mexico	en, Puerto Ri	(Specify Yes ican, atc.)	or No—	14. RACE Black Specif	- American Indien, , White, stc. y: White
15. DECEDENT'S EDUC/ (Specify only highest grade of	ATION (ministral)		ECEDENT'S					16b.	KIND OF BUS	SINESS/INI	DUSTRY	WILLE
Elementary/Secondary (0-12) 12th	College (1-4 or 5	116	e. Do NOT u	1roa		St OF WORK	ny					
17. FATHER'S NAME (First, Middle, Last)			-101		_	18, MOT	HER'S NA	AME (First M	iddle, Meiden	Sumama)		
Earl W.	Fletche	r							rlene		ie i	Green
19e. INFORMANT'S NAME (Type/Print)			9b. MAILING	ADDRESS	(Street a	nd Numbe	r or Aural		er, City or Town			oreen
Debra Fletche	er		816 P								1221	
20e. METHOD OF DISPOSITION			ANDDATE				luc		Balto, MD 21221  OATE 20c. LOCATION — City or Town, State			
Marial 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donation 6 ☐ Other (Specify)	ral from State	cemetery, cr Holly	rematory or o	ther plece)		Aug	7 .	1003			re, l	
23. PART I. Entar the diseases, or consider the silver. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pulin	Onary	e. Embo	lus								Approximats Interval Between Onset and Da
Sequentially list conditions, if any, leading to immediate		(OR AS A CONSE										
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	EOUENCE O	F):		-						
resulting in death) LAST									-			
PART II. Other significent conditions	contributing to	death but not	resulting	In the un	derlyln	g cause	given in		24a. WAS AN PERFOR 1 X YES 2	MED?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	DEATH (C/	heck only one	)			
1 O YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 I Num		e 5 □ R	esidence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH  X Natural 5 Pending Investigation	28a. DATE Of (Month, I	FINJURY Day, Year)	28b. TIN			URY AT PRK? YES 2	] NO	28d. DE\$6	CRIBE HOW II	NJURY OC	CURED	
Natural   S   Pending   M   1					ory, offic	•				and Numbe	r or Rural A	oute Number,
3 Suicide 4 Homicide  Could not be determined  28s. PLACE DF in NURY — At home, farm, street, factory, office building, etc. (Specify)  28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
4 Homicide determined												and manner ee stated

Dr. Patricia Jett 9000 Franklin Square Dr. Baltimore, Ad. 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

21237

COLLEGE PROCESS INC. TO SERVICE STATES

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEM: 5. PER INFORMANT FILM G-702 8/24/93 t.t

	REGISTRAR		CENTIF	CATE OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Les	Α.			~ C	MONT		Y 1	YEAR 3. TIME OF DEA
	JACK 16		GE (In yrs. lest birthday)	FERRAN!	TE Sr.	0.8	O 1	T a	998 11:2
	215-62-1203	1 X M 2 X E	39 yrs.	MONTHS DAYS	HOURS MIN.	Thom	12/19	54	W.Virgin
~	9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT	Y OF DEATH
ЕСТОЯ	2600 INSULATOR	R DRIVE		BALTI	MORE_			-	
DIREC	Marcaland	NTY	10c. CITY	Y, TOWN OR LOCA	to.Md.				10d. INSIDE CIT
	Maryland 100. STREET AND NUMBER				r. ZIP CODE			10a CITIZE	YES 2 EN OF WHAT COUNTRY?
FUNERAL	38	834 2nd.St	•		21225			USZ	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed MXDivorced	12. WAS DECEDENT EVE FORCES? 1 U Y IF YES, GIVE WAR O	ES 2 NO	II yes, sp	CENDENT OF HISPA pecify Cuben, Maxico 3 2 NO Specific	n, Puerto		or No— 14	4. RACE — American Ind Black, White, atc. Specify: White
9	15. DECEDENT'S EI (Specify only highest gra	DUCATION	16a. DECEDENT'S	USUAL OCCUPATION OF BOTH MORE MORE MORE MORE MORE MORE MORE MORE		16b	KIND OF BUS	INESS/INDUS	STRY
PLET	Elementary/Secondary (0-12) 12th.Grade	College (1-4 or 5+)	Carpei	se retired.)			Loc	al #	544
COMPL	17. FATHER'S NAME (First, Middle, Lest)	oseph	Ferra		18. MOTNER'S NA Barb	ME (First, I	Middle, Maiden 3	_	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street	and Number or Rural	Route Num	ber, City or Town	n, State, Zip Co	Code)
10	Mrs.Barbara	J.Cuffley	253		derick				21228
	20e. METNOD OF DISPOSITION 1 □ Burial 2 N Cremation 3 □ Re		20b. PLACE AND DATE C			DAT			ty or Town, Stata
7.	4 ☐ Donation 6 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		Metrro Cr		ND ADDRESS OF FA				
	23. PART I. Enter the diseases, or	Q - 1/a	sed the deeth. Do n	McCi	ully Fu	nera	1 Hom	e,13	0 E.Fort
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: MEDICAL	shock, or heart fellur iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condit	b	AS A CONSEQUENCE OF	MCC1 not enter the mo	ully Fu	nera	24a. WAS AN A PERFORI	ratory street	O E. Fort  Approximinterval & Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an Onset an
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year when it is not made in

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of health and Mental Hygiene prior to burial, chemiston, or removal.

IMPORTANT: If them 28 is marked, on Hem 23 shows any Inlury, or other traumatic event, the medical examiner must be neithfield at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	3 22889
1993	1. DECEDENT'S NAME (First, Middle, Le.	GAINES			2. DATE OF DEATH MONTH — DAY — C	3. TIME OF DEATH  1250 A M
	4. SOCIAL SECURITY NUMBER 218-05-0658	1 M 2 D F 8/	YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS.  HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-12	8. BIRTHPLACE (State or Foreign BALTO.
TOR	BON SECOL  RESIDENCE OF DECEDENT	Street end number)  JKS HOSPI		BALTO	EATH 9c. COU	INTY OF DEATH
DIRECTOR	10e. STATE 10b. COU	NTY	toc. CITY, To	BALTIMOR	E	10d. INSIDE CITY LIMITS? 1 Yes 2 \( \text{NO} \)
FUNERAL		ELER AL	E	101. ZIP CODE 2/2		ERN OF WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 — YES 2 NO Speci		Black, White, etc.  Specify: BLACK
LETED	15. DECEDENT'S E (Specify only highest gr.		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS/INC	DUSTRY
E COMPL	17. FATHER'S NAME (First, Middle, Last)		CING 174	18. MOTHER'S N.	AME (First, Middle, Maiged Surname)	-6
TO BE	ROTTED OF THE COMPTER )	GAINES	196. MAILING ADI	DRESS (Street and Number & Rural	Route Number, City or Town, State, Zig	D, 21223
	20a, METHOD OF DISPOSITION 1 G Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State cem	PLACEAND DATE OF D	place) (BM)	BATH 200 LOCATION -	MAS MD
	21. SIGNATURE OF PUSIERAL SERVICE	March		22. NAME AND ADDRESS OF THE	ARCHTUNDRA	MADE 7/1
	23. PART Enter the diseases, a shock, or heart fallur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	tha death. Do not och lina.	enter the mode of dying, sur	ch sa cerdiec or respiratory ar	Approximate Intervel Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b Police	CONSEQUENCE OF):	Hype	tersnie Ca rác aurbe	Alis Is cular Suseon
MEDICAL	PART II. Other significant condit	ions contributing to death but he was also a	ffere	he underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSBITAL:		26. PLACE OF DEATH (C		
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJURY AT	28d. DESCRIBE HOW INJURY OC	CURED
8	3 Suicide 6 Could not datermined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, stree	it, factory, office	26t. LOCATION (Street end Number City or Town, State)	r or Rural Route Number,
COMPLET					e to the cause(e) end menner ee ata	
TO BE C	296. SIGNATURE AND TITLE OF CERTIF	FIER, Cri	C Zmj		30355	TE SIGNED (Month, Day, Year) 8/4/93
1	30. NAME AND ADDRESS OF PERSON R.	CRUZ-	BON	SECON,	es Hosp	ItAL
2	ALIG 0 5 1903	32. REGISTRAR'S SIGNA	TURE			

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ITEMS: 23 PART I, 27, 28d, e,f, PER MEO FILM G-702 8/23/93 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22890.

	1. DECEDENT'S NAME (First, Middle, La	nst)			11	בואם	V	2. DATE	OF DEATH	Y	YEAR 3.	TIME OF DEATH	•
	and had	- /	KEYON			ENR		07	3	0	93 9	:45 P!	A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER 24 HRS		OF BIRTH h, Day, Year)	1	Country)	CE (State or Foreign	
	9a. FACILITY NAME (If not institution, gi	1 M 2 F	1	YRS.	DE CITY	TOMBI C	OR LOCATION OF		122/9		Md		
OR	FRANCIS SCOTT	KEY BUR	N CENT	ER			ORE C		W. 14	9c. COUNT	TY OF DEAT	M	
RECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU				Y, TOWN O						10	1. INSIDE CITY	
ā	Md.			Ва	alti						1 (	YES 2 NO	
ERAL	1744 E. Madi	ison Ave				101	ZIP CODE 212	205			.S.A	COUNTRY?	
BY FUNI	11. MARITAL STATUS  1 P Never Married 2 Married  2 Nidowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. 1 YES 25 WAR OR DATES	ARMED	- 11	yes, sp	ENDENT OF HISI ecity Cuban, Max 2 ANO Spo	ican, Puerto			Black, W Specify:		
ED B	15. DECEDENT'S E	EDUCATION	160.	DECEDENT'S	USUAL OC	CLIPATIO	ON .	164	. KIND OF BUS		Blac	K	
ET	(Specify only highest gi	College (1-4 or 8		(Give kind of a Me. Do NOT us	work done d se retired.)	luring mo	st of working			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
COMPL	17. FATHER'S NAME (First, Middle, Last)				Jnem	ртο	18. MOTHER'S	NAME (First	Miridia Mairian	Sumame)			
ш	Marlo He	enry					Nicol		made, meder,	our remey	A11	en	
TO B	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rui						•
-	Nicole Allen						ison S						
	20a. METHOD OF DISPOSITION  1 Burlai 2 Cremation 3 R	lemoval from State	cemetery,	cremetory or o	ther place)			OAT		CATION — C			
	4 <sup>1</sup> Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-   Arr	ntus			al Par		61 Ar	butu	s, M	d.	
	Potts Fr	uneral H			1 1	20	N Os	1 1 2	~ C+	D 7 1	+ 0 M	d 21213	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CON	SEOUENCE O	F):	URIE	5						
MEDICAL	PART II. Other aignificent condit	tiona contributing to	o death but no	ot resulting	In the un	derlying	g cause given	in Part I.	240. WAS AN PERFOR 1 XYES 2	MED?	AM CO OF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO	
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  12 YES 2 NO	HOSPITAL:			OTHER	t:	ACE OF DEATH						
2		1 Minpatient 2	☐ ER/Outpatient		_		e 8 □ Residend		F (Specify)	NJURY OCCL	JRED		-
HYSIC	27. MANNER OF DEATH	28e. DATE O		28b. TIN									
	27. MANNER OF DEATH  1 Netural Conding	7 - 2 4	F INJURY Day, Year) 1993		M	WO	PES 2 NO	FELL	INTO TH	IB OF H	OT WAT	FR	
TED BY PHYSICIAN:	27, MANNER OF DEATH	7 - 24	Ony, Year) -1993 OF INJURY — AI I, etc. (Specify)	UNK	JURY M street, facto	1 🗆 1	YES 2 NO	FELL 281, LOG	INTO TU CATION (Street of Or Town, Stete) 4 E.M	IB OF H	PALTIN		
BY	27. MANNER OF DEATH  1 Neturel Investigation 2 X Accident Investigation 3 Suicide 6 Could not determined 4 Homicide 1 CERTIFYING Photos	on 7-24  28e. PLACE building	Ony, Year) -1993  OF INJURY — All, etc. (Specify)  NCE	UNK t home, farm, AT Hi	Street, factor	ory, office	YES 2 NO	FELL 281. LOC 1.74	ATION (Street a or Town, Stete) 4 E M	IADIS	BALTIN ON S	MORE,MD. TRÉET	
COMPLETED BY	27. MANNER OF DEATH  1 Neturel 2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF CERTIFIER	on 7 - 24 28e. PLACE building RESIDE AYSICIAN: To the basis of AINER: On the basis of AINER:	Day, Year) -1993 OF INJURY — A. I, etc. (Specify) NCE of my knowledge examination and	UNK thome, farm, AT Hy , death occurr	Street, factor	ory, office	end place, and death occured at 1	281. LOC 174	ATION (Street a or Town, Stete) 4 E M	IADIS oner as stated due to the	BALTINON S d. cause(a) art	TREET  d manner se stated.	
	27. MANNER OF DEATH  1 Netural 2 Accident 3 Suicide 6 Could not determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	on 7 - 24 28s. PLACE building RESIDE AVSICIAN: To the basis of all the published of a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Dey, Year) -1993 OF INJURY — A. I, etc. (Specify) NCE of my knowledge examination and	UNK thome, farm, AT Hy , death occurr //or investigation	Street, factor	ory, office	e and place, and cleath occured at t	281. LOC 174	ATION (Street a or Town, Stete) 4 E M	IADIS oner as stated due to the	BALTINON S d. cause(a) art	ORE, MD. TREET	
BE COMPLETED BY	27. MANNER OF DEATH  1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON	on 7 - 24  28e. PLACE building RESIDE  AVSICIAN: To the best of MINER: On the best of WH9 COMPLETEO CAL	Dey, Year) - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 199	UNK t home, farm, AT Hr , death occurr //or investigation	street, facto	wo 1  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	end place, and death occured at 1	281. Loc 174  281. Loc 174  Just to the carbon time, data  JUMBER  1. E.	ATION (Street a or Town, Steet) 4 E . M use(a) end man	ADIS IADIS Iner se state d due to the	BALTIN ON S d. cause(a) ar SIONED (MC	AORE, MD. TREET  ad manner se stated.  with, Day, Year)  -1993	
BE COMPLETED BY	27. MANNER OF DEATH  1 Netural 2 Accident 3 Suicide 4 Hornicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one)	on 7 - 24 28s. PLACE building RESIDE AVSICIAN: To the basis of all the published of a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Dey, Year) - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 199	UNK t home, farm, AT Hr , death occurr //or investigation	street, facto	wo 1  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and place, and death occured at 1	281. Loc 174  281. Loc 174  Just to the carbon time, data  JUMBER  1. E.	ATION (Street a or Town, Steet) 4 E . M use(a) end man	ADIS IADIS Iner se state d due to the	BALTIN ON S d. cause(a) ar SIONED (MC	AORE, MD. TREET  ad manner se stated.  with, Day, Year)  -1993	

DHMH-16 Rev 1/89

FOR STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIFIC	CATE O	F DEATH	1	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	OEATH DAY	YEAR	3. TIME OF DEATH
ROBERT LOUIS	HILL,					8		1993	0127
4. SOCIAL SECURITY NUMBER 234-24-4452	5. SEX 8.	AGE (In yrs. last t		IF UNDER 1 YEAR		7. DATE OF (Month, D 2 2		Cour	HPLACE (State or Foreign stry) ST VIRGINI
99. FACILITY NAME (If not institution, give : HARBOR HOSPITAL					MORE CITY		90	COUNTY OF	
RESIDENCE OF DECEDENT					-				
MARYLAND ANN	Y E ARUNDEL		10c. CITY,	LINT	CATION HICUM				10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 629 NORTH HAMMONI	DS FERRY RO	OAD			101. ZIP CODE 21.090			g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2XX Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 (2) IF YES, GIVE WAR	YES 2 NO		If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Spec	can, Puerto Rici		Ble	CE — American Indian, ck, Whits, stc.
15. OECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECI	EDENT'S U	SUAL OCCUPA	TION most of working	16b. KI	ND OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	IIIo. D	NOT use	retired.) ER AGE		UN	ITED A	IR LIN	ES
17. FATHER'S NAME (First, Middle, Last) ELMER L. HILL					18. MOTHER'S N		die, Maiden Surn GREG		
190. INFORMANT'S NAME (Type/Print) CAROLYN F. HILL					at end Number or Rura				UM, MD. 21
20e. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem	novel from State	20b. PLACE AN	ID OATE OF	DISPOSITION		CDATE	20c. LOCATI	ON - City or BURNI	Town, State
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE //	GEEN	IIA V LI	22. NAME	AND ADDRESS OF F	ACILITY SI	NGLETO	N FUNE	RAL HOME
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. OUE TO (OR	AS A CONSEQUE AS A CONSEQUE	JENCE OF):		himis ny o post	ly			4 gens
that initiated events resulting in death) LAST  PART II. Other significant condition	d				ing cause given i	n Part I. 24	Ia. WAS AN AUT		b. WERE AUTOPSY FINDI
						_   '	YES 2 C	NO	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO-
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF OEATH (C			9115	
27. MANNER OF DEATH  1 A Watural 5 Pending	1 ☐ Inpatient 2 ☐ EF  28e. DATE OF INJ (Month, Day, 1)	URY	28b. TIME INJU	OF 28c.	ome 5 Residence INJURY AT WORK? YES 2 NO	1	Specify) IIBE HOW INJU	RY OCCUREO	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF IN building, atc.	IJURY — At hom (Specify)	e, term, str	reet, factory, o	Hice	281, LOCATI City or	ON (Street end i Town, Stete)	Number or Rura	Poute Number,
anal	SICIAN: To the bast of my ER: On the basic of exam								(e) end manner es stated
296. SIGNATURE AND TITLE OF CERTIFIE	Joyle				29c. LICENSE N				(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	203 HISDE	Tal ()	27) (Typo, 1		206 6	ku Bai	rnji 11	M) 21	661
Self Payle  31. DATE FILED (Month, Day, Year)  AUG 0 6 1993	203 Hospi 32. REGISTRAR'S John Davidon	SIGNATURE RANGE	reire	Saike	206 6	len Ba	rnik M	M 21	861

ours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89



pital or	of for	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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L OR	DIRE hours	item
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유	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	DRTA
T0 T	10 ad	IMP.

_	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		ITAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)  (TRESSA)	hera	selle	(HELLE	M	ATE OF OEATH	3 9	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 220-05-5578	5. SEX 6. AGE (	(C) 44	FUNDER 1 YEAR IF UNDER NITHS DAYS HOURS	R 24 HRS. 7. D	MONTH, Day, Year)	a i C	IRTHPLACE (State or Foreign ountry)  ARYLAND
OR RO	Harrount	De (sul	til "	b. CITY, TOWN OR LOCATE OUT	ON OF DEATH	T	9c. COUNTY (	OF DEATN
DIRECTOR	10a. STATE 10b. COUNTY	Itimore		OWN OR LOCATION	(			10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	3900 New Se	ction Rd	l	101. ZIP COD	1220		10g. CITIZEN	DF WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 V NO	13. WAS DECENDENT O	nn, Mexican, Pus	RIGIN? (Specify Yee arto Rican, atc.)		NACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use of BOOK K	done during most of working tired.)	ing	_		DYMENT SEC.
BE CON	17. FATHER'S NAME (First, Middle, Last) ISAAC	SOLOMON			REBECC	irst, Middle, Maiden : A	Surneme KOHI	N
TO B	190. INFORMANT'S NAME (Type/Print) DR. LOUIS HALIKMA	N	1	PRESS (Street and Number			, State, Zip Code MILLS	
	2013 NETHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation Donation		PLACE AND DATE OF I		8/5/93		TIMORE	
	21. SIGNATURE OF FUNERAL SERVICE LICE	tellman	>	SOL LEVIN			NC.	MD 21215
CERTIFICATION	23 PART I. Enter the diseases, or combook, or heart fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure fellure. Elements of the second fellure fellure. Elements of the second fellure fellure. Elements of the second fellure fellure. Elements of the second fellure fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fellure. Elements of the second fe	DUE TO (OR AS A	ech line.	enter the mode of dy		cardiac or reapli	atory arreat,	Approximata interval Batween Onset and Daeth  Cyraxy
L CERT	PART II. Other significant conditions	Contributing to death b	ut not resulting in t	he underlying cause (	given in Pert	I. 24a. WAS AN /	MITTOREY	24b. WERE AUTOPSY FINDINGS
MEDICA						PERFORI	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCOLTAL		28. PLACE OF D	BEATH (Check on	ly one)		
IYSI		HOSPITAL:  1 Inpetient 2 ER/Outp  28e. DATE OF INJURY		Nursing Home 5 Re				
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJUR			DESCRIBE HOW IN	JURY OCCURED	)
8	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, streetly)	et, tectory, office	28t.	LOCATION (Street or City or Town, State)	nd Number or Ru	ral Route Number,
COMPLET		HAN: To the best of my knowl : On the beels of examination						se(e) end menner ee stated.
O BE (	286 SIGNATURE AND TITLE OF CENTIFIENT	Dred. &	preialio	T 04	ENSE NUMBER	,	29d. DATE SIGN	NED (Month, Day, Year)
Ē	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	derry	Bock	s. MD	- 21	731
10	AUG 0 6 1993	32. REGISTRAR'S SIGN	Africa St.					



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	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEP/ CERTI	RTMEN	OF H	EALTH AND	MENT	AL HYGIEN					
1	1. DECEDENT'S NAME (First, Middle, Last) James B	James B. Horne								2. DATE OF DEATH DAY YEAR AUGUST 4th 1993			
	4. SOCIAL SECURITY NUMBER 404 10 0587	404 10 0587   1   X M 2   F   75   YRS.   MONTHS DAYS HOURS MIN.							7. DATE OF BIRTH (Month, Day, Year) 1 0 / 04 / 1 7 Kentucky				
OR	9s. FACILITY NAME (If not Institution, give street and number) Union Memorial Hospital  9c. COUNTY OF DEATH Baltimore City  9c. COUNTY OF DEATH												
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION								10d. INSI				
	Maryland Baltimore City Baltimore  100. STREET AND NUMBER  3518 Beech Avenue 2121								1 1 YES 2 □ NO  10g. CITIZEN OF WHAT COUNTRY?				
Y FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EN FORCES? 1 X	YER IN U.S. ARMED		If yes, sp	2121 ENDENT OF HISPAN ICHY Cuben, Mexica XXNO Specifi	NC ORIG	Specify:					
TED BY	3 Xyridowed 4 Divorced  15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEOENT	'S USUAL O	CCUPATIO	N	White						
COMPLETED	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+) ##e. Do NOT use retired.)  Machinist								Cor	k and Sea		
BE	Jesse Herb  190. INFORMANT'S NAME (Type/Print)	ert Horn		NO ADDRESS		Mau (	de d	Jane 1	Mc Pe	eek			
5	D. Jean DeFra		3	3642	Ro1	and Ave	enue	mber, City or Town, State, Zip Code) 2, Baltimore, Md 21211					
	206. METHOD OF DISPOSITION 1.0 Burlel 2 Cremetton 3 Removal from State 4 Donation 6 Chiter (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Campeters, cremetory or other place) Bell Air Memorial 20c. LOCATION - City or Town, State 8/7 Bell Air, Maryland									1.0000000000000000000000000000000000000			
	22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 21211 3631 Falls Road, Baltimore, Md												
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heert failure. List only one cause on each line.  Approximate intervel Between Onset and Death												
	disease or condition resulting in death)  ACUTE MIZ PULMONARY EDEMA  13 days										13 days		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):												
A A	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in E							PERFORMED?			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC	GI bleeding							1 U YES 2 NO			DF OEATH? 1 YES 2 NO		
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 🗆 DOA	OTHER 4 Num	₹:	ACE OF DEATH (Che							
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident investigation	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 VFS 2 NO						28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		CIAN: To the best of my I									and manner se stated.		
띪	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUI							IBER 29d. DATE SIGNEO (Month, Dey, Year)  S 4 6 D12 8 4 93 . AVGUST 4 1993					
2	30. NAME AND ADDRESS OF PERSON WHO SHAILY LAKHANP	AL, UNION	MEMORIAL		PITA	L .				•	1973		
4	31. DATE ( 0" 6" 1993	gitte Dilles	CHAMPEL DE			78			•	·			

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	an and completely filled in by the funeral director, page 5 should be detached for use as the buria-transit permit Panes 1.2.3 should	-	
	nsit permit		
g physician.	e burial-trar		
or attendin	or use as th		
the hospita	detached f		
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e 6 may be	rector, page		
JAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	he funeral di	al.	
4 hours after	filled in by t	in, or remov	
rted within 2	completely	ial, crematic	
ate be execu	ysician and	prior to bui	
eath certific	attending ph	ntal Hygiene	**
s that the d	ned by the	alth and Me	
e law require	has been sig	Dept. of He	
YSICIAN: Th	this certificate	-	
ENDING PHY	After 1	within 72 hours after death with	
AL OR ATT	AL DIRECTOR	72 hours aft	44 44
E HOSPITA	E FUNER	d within	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 - FOR STATE REGISTRAR

avi Niberton	JINE.	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY  3. TIME OF DEATH MONTH DAY  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthdey) F UNDER 1 YEAR F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24 HRS. F UNDER 24								
2	TED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married PORCES? 1 YES 2 NO Hispar Maxican, Puerto Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 17 Never Married 2 Married 19 Nov War Or Dates 18 DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 18 DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 19 Nov was referred.) 19 Nov War Or Dates Port of this part of working was found to work one during most of working was referred.) 19 Nov War Or Dates Port of this part of working was referred.) 19 Nov War Or Dates Port of this part of working was referred.) 19 Nov War Or Dates Port of this part of working was referred.) 19 Nov War Or Dates Port of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part of this part								
at once.	T COMPL	17. FATMER'S NAME (First, Middle, Law)  18. MGTHER'S NAME (First, Middle, Maiden Surname)  EXAMPLE STATES NAME (First, Middle, Maiden Surname)  EXAMPLE STATES NAME (First, Middle, Maiden Surname)								
examiner must be notified	2	20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  1 Set Sugar and Number or Runal Flower or Runal Flower or Runal Flower or Runal Flower or Runal Flower or Runal Flower or Runal Flower or Runal Flower or Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Runal Flower Run								
other traumatic event, the medical examiner must	23. FART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Betw Onset and Due to (on as a condition resulting in death)  Due to (on as a consequence of):									
9 1		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.								
hows any inju	and and	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
8 is marked, or item ED BY PHYSICI		25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1								
COMPLE		29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE NND TITLE OF CERTIFIER								
IMPOR TO BE		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  MO9 CD (S-BYC MAYAM 460 Wilken A)  31. DATE PLEO (Month, Day, War)  32. REGISTRAR'S SIGNATURE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	fter death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 3 should	the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1.2.3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	OVAI.
IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once	al examiner must be notified at once.
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO RE COMPLETED BY SIINEDAL DIDERTOR

	FOR 1 - STATE		STATE OF N	MARYLAND	/ DEPAF	RTMENT	OF H	IEALTH	AND	MENT	AL HYGIEN	Ε		
	REGISTRAR  1. DECEDENT'S NAME (First	, Middle, Last)	1100		ERTIF	ICATE	OF	DEA	ГН		REG. NO.		YEAR	. TIME OF DEATH
	VIRGINI							61. 25 1993			10 30 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER		7. DAT	E OF BIRTH		8. BIRTHPL	ACE (State or Foreign	
	234-48-337		1   M 2   F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	I I	2, 10, 1	916	Country)	Run, WV
3	9a. FACILITY NAME (If not in			9b. CITY,	TOWN C	R LOCATI	ON OF DE				ITY OF DEA			
OR	ST A Gne	s Hos	SPITAL			BALTIMORE								
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY													
DIRECTOR	10a. STATE		10c. CITY, TOWN OR LOCATION							1	Od. INSIDE CITY			
ā	WV	Mo	Moorefield							1	YES ZYNO			
M	10e. STREET AND NUMBER			101. ZIP CODE 10g. CITIZEN OF WI							AT COUNTRY?			
FUNERAL	Rt 2 Box 2	204				26836 US								
٦	11. MARITAL STATUS		12. WAS DECEDEN								14. RACE -	- American Indian,		
ВУ	1 Never Married 2 3 X Widowed 4 Divo		IF YES, GIVE W	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			i, specify Cuban, Mexican, Puerto YES 2X∷XNO Specify:		erto Rican, atc.) Black		Specify:	White, atc.		
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E	(Specify onl	EDENT'S EDUC highest grade	completed)		DECEDENT'S	work done o	CUPATIO	ON st of workin	ng	- 10	b. KIND OF BUS	SINESS/IND	USTRY	
7	Elementary/Secondary (0	-12)	College (1-4 or 5 +	-)	ife. Do NOT u	1 - 1	<b>1</b>				D 1.			
COMPLETED	17. FATHER'S NAME (First, M			Ge	nera	т га	DOI						Manı	ufacture
	James Fran		Combo								Middle, Malden	Surname)		
BE	19a. INFORMANT'S NAME (7		Combs								Cain			
2				- 1							mber, City or Town			
	Helen Ents		r		148	S. M	ona	ste	ry A					1d.21229
	1 X Burial 2 Crematic	n 3   Hemo	val from State		EAND DATE	46					TE 20c. LO			, Stats
	4 Donation 5 Dotter (Specific Commettery 7/28/93 Mfld., WV													
	22. NAME AND ADDRESS OF FACILITY Elmore-Chambers Funeral Home													
	- Ved	TA	1	2000	0									
	23. PART I. Entar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  LETT PLYSE MA  DUE TO (OR AS A CONSEQUENCE OF):  C. LETT DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  C. LATBACE  ATTYMM IA													
- 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS										ERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	PERFORMED?								Al	MILABLE PRIOR TO OMPLETION OF CAUSE				
											T TES 2 ZANO OF		F DEATH?	
2													1 TES 2 NO	
₹ I	25. WAS CASE REFERRED TO	MEDICAL					20 DI	ACE OF D	FATAL (Ch.					
<u> </u>	EXAMINER?		HOSPITAL:	main		OTHER	:	ACE OF D						
¥∥	27. MANNER OF DEATH		1 Inpatient 2   28a. DATE OF						eldenca		er (Specify)			
	1 Natural 5	Pending	(Month, De		28b. TIM INJ	URY	28c. INJU	RK?		28d. DE	SCRIBE HOW IN	JURY OCC	URED	
B	a D sudate	nvestigation	28a PLACE OF	F INJURY — At I			_	ES 2	) NO					
		Could not be letermined	building,	atc. (Specify)	*O************************************	Hreet, INCIO	ry, ornes			City	CATION (Street a or Town, State)	nd Number (	or Rural Rou	le Number,
9 1	29a. CERTIFIER					_								
COMPLETED			CIAN: To the best of t: On the bests of ax											nd manner as stated.
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mail 29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, L													
BE	Silvan W	18-81 Pag	~ ms	Re	Siber	7					I			1993
2	30. NAME AND ADDRESS OF		-					Pos	de	2		7 11	47,	1112
		MBOU		1 D NO			en	es It	05 P.	TAL	900 (0	non	Aven	٠ سـ
	31. DATE FILED (Month, Day,	(bar)	32 AEGISTRAI	R'S-SIGNATURE				-						
7. AUG 0 6 1993 Juli stanism Rudale											I			

1 - STATE REGISTRAR	1 -	1		AR
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR	3. TIME OF DEATH		
	ELSIE	JAC	KSON			8-4-93	· · · · · · · · · · · · · · · · · · ·		м		
	4. SOCIAL SECURITY NUMBER 213-16-6623		in yrs. lest birthday) 67 YRS.	MONTHS DAVE HOURS MIN		7. DATE OF BIRTH (Month, Day, Year) 6 - 11 - 26	with, Day, Year)		B. BIRTHPLACE (State or Foreign GEURGIA		
ron	99. FACILITY NAME (If not Institution, give street and number)  90. CITY, TOWH OR LOCATION OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH										
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND	(		y, town on Local	LIMITS?						
	10e. STREET AND NUMBER				L CILY		10a CITI	1 YES 2 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	1446 MOUNTMOR				21217				STATES		
8≺	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, ap	CENDENT OF HISP/ ecity Cuben, Mexic 2 X NO Spec	ANIC ORIGIN? (Specify Yo can, Puerto Rican, etc.) illy:	s or No—	14. RACE Black, Specify BL A	— American Indian, White, etc.		
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S (Give kind of sille. Do NOT us	USUAL OCCUPATI work done during me se retired.)	ON ost of working	16b. KIND OF BI	JSINESS/INC	DUSTRY			
COM	17. FATHER'S NAME (First, Middle, Last) WRIGHT RICHARD!		DOMES	110		IAME (First, Middle, Meide	n Sumame)				
BE		2				ECTOR					
10	RUTHY JACK SON					Route Number, City or To		o, State, Zip Code) DRE, MD 21217			
	20e. METHOD OF CISPOSITION  1   Buriel 2   Cremetion 3   Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Cemplery, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, crematopy, c							— City or Town, State  ALLSTOWN			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ACCORDESS OF FACILITY  WM.C.MARCH F.H./1101 E. NORTH AVENUE										
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  S. ACUTE MYO CAUDIAL LA FARCTION  DUE TO (OR AS A CONSEQUENCE OF):										
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
E	d										
PHYSICIAN: MEDICAL	65760 ARTHUTTS, GENERALIZED PERFORMED? 1 YES 2 PAO OF								WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1  YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF DEATH (C	Check only one)	17.4				
S	EXAMINER?	HOSPITAL:	etless 2 🗆 DOA	OTHER:							
¥	27. MANNER OF DEATH	28e. DATE OF INJURY				6 Other (Specify)	IN ILIBA OC	CUREO	•		
BY P	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation  28e. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO  28d. OESCRIBE HOW INJURY OCCUREO										
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, offic	•	28t. LOCATION (Street City or Town, State		or Rural Ro	oute Number,		
COMPLETED	enel .	ICIAN: To the best of my know							and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CENTIFIES			PAUS, WD	. 29c. LICENSE N			E SIGNED	(Month, Day, Year)		
TO B	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Time	. Print)	01	4,900		8-3	T-93 ·		
	1721 \$	FERMISYLED	4 19	put.	B	DETIMORE.	mp	214	7		
4	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	1/2.49		/					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the m

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	BALTIMORE, MARYLAND 21215-0020	ther death. Page 6 may be retained by the hospital or attending physicia
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by
r death. Page 6 may be retained by the hospital or attending p	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death. Page 6 may be retained by the hospital or attending page.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  TALINA JOHN	2. DATE OF DEATH DAY	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III) YTS / Mast birthdey) IF UNDER 1 YEAR IF UNDER 24 HE	(Month Day Year)	8. BIRTHPLACE (State or Foreign Country)					
3	075-03 6949 16M2UF 07 YRS.	3-1-09	"IKO					
OR	9a. FACULTY NAME (If not institution, give street and number)  9b. CITY TOWN OR LOCATION O  SCOUR		TY OF DEATH					
5	RESIDENCE OF DECEDENT		10d. INSÍDE CITY					
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALL more							
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 3.	1223 log. CITIZ	EEN OF WHAT COUNTRY?					
BY FUI	11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR OATES  13. WAS DECEDENT OF HIS It yes, specify Cubert, Me 1 YES 2 NO Sc	xican, Puarto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify)					
	15, DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDI	USTRY					
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  (Give kind of work done during most of working life. Do NOT use retired.)							
	17. FATHER'S NAME (First, Middle, Lest)  18. MOTNER'S	NAME (First, Middle, Melden Surname)						
) BE	198. IMPORMANT'S NAME (Type/Print) 196. MAN, INO ADDRESS (Singet and Number or Ri	rel Route Number, City or Jawn, State, Zip	Code) 2/20/					
10	Legal Duarderaship 861 Park	are - BAlto,	nd 21201					
	20a. METNOD OF DISPOSITION  1 Duriel 2 Cremation 3 Permoval from State  4 Donation 5 Other (Specify)	DATE 20c. LOCATION - C	score, nd					
-	3405 60, 5		Fundad Server					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of duing	2/2/9	eat, Approximate					
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ACUTE RESPIRATORY FAILURE								
	DUE TO (OR AS A CONSEQUENCE OF):  CUNGESTIVE MEART	25.	2000					
N	Consentially, list conditions	FAILURE						
ATIC	If any, leading to immediate cause. Enter UNDERLYING							
N C	CAUSE (Disease Dr injury that initiated events Due TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST							
	PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given	Name I						
EDICAL	HRONIC BRONCHITIS.	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE					
	DEMIDRATION.	1 TYES 2 THO,	OF DEATH?					
2	HYPERNATEREMIA		1 YES 2 NO					
Ž I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	(Check only one)						
is	HOSPITAL: 1 YES 2 NO 1 Moralinet 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Resider	ca & Cother (Specify)						
BY PHYSICIAN: M	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO	28d. DESCRIBE NOW INJURY OCC	URED					
	3 Sulcide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,					
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and							
8	2 MEDICAL EXAMINER: On the besis of axismination and/or investigation, in my opinion, death occured at	the time, data and place, and dua to the	cause(a) and manner as stated.					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE  D 3 3		SIGNED (Month, Day, Year) 7 30 73					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  1) SETH, SHI, OLD FREDERICK I	2D, STUTE ALS	BALTIMORE					
>	31. DATE FILED (Month, pay, Year) 32. REGISTP 'n''S SIGNATURE							
2	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s							



REG. NO

2. DATE OF DEATH

3. TIME OF DEATH

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Onset and Death

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STATE REGISTRAR

1. QECEDENT'S NAME (First, Middle, Last)

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4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH Bey. Yes Maryland 1 - M 2 5 F 3 detached for use as the burial-transit permit. Pages 1, 2, 3 should 8c. COUNTY OF DEATH 9b. CITY, TOWH OR LOCATION OF DEATH university DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY Maryh MARYLANA org Im 1 YES 2 NO FUNERAL 100. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 339 21273 USA hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 X NO Specify: IF YES, GIVE WAR OR OATES ВХ 3 Widowed 4 Divorced Specify: COMPLETED 15. OECEOENT'S EOUCATION (Specify only highest grade complete 16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY When working Seamtress Elementary/Secondary (0-12) College (1-4 or 5+) 10 th ONCE. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ed in by the funeral director, page 5 should be or removal. Walter Keemer F Laura Brown BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elsie Peralta 339 N. Bruce St. Balto., Md. 21223 pe 20a, METHOD OF DISPOSITION
1 (2) Burial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must cometery, crematory or other place)
Loudon Park Cemetery 4 Donation 6 Other (Specify) Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. to., Md.15 4611 Park Heights Ave. Balto., medicai caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, certificate has been signed by the attending physician and completely filled in by or the State Dept, of Health and Mental Hyglene prior to burial, cremation, or remo 23. PART I. Enter the diseeses, or complications that shock, or heert feilure. List only one **IMMEDIATE CAUSE (Fine)** the disease or condition ACUTE rend OUE TO (OR AS A CONSEQUENCE OF): within resulting in death) traumatic event, executed CERTIFICATION OUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, if any, leading to immediate certificate be cause. Enter UNDERLYING CAUSE (Disease or injury age NO or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST death c 23 shows any injury, PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceuse given in Part i. that the 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 ю requires 1 TES 2 NO PHYSICIAN: AMP. 25. WAS CASE REFERRED TO MEDICAL Item : 26. PLACE OF OEATH (Check only one) The EXAMINER? OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) HOSPITAL: HOSPITAL DR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED FUNERAL DIRECTOR: After this or within 72 hours after death with i TANT: If Item 28 is marked, 1 Natural 5 Pending 4 1 YES 2 NO ВУ investigation 2 Accident At home, farm, street, factory, office 3 Sulcide 28e. PLACE OF INJURY 261. LOCATION (Street and Number or Rural Route Number, City or Touln, State) 77 8 Could not be determined COMPLETED 4 Homicide U CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurs at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERA
be filed within 72
IMPORTANT: I 29b, SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 물 물을 NUD 2 2 January Cause of Geath (ITEM 27) RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Street Balto

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

OHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF M		/ DEPAR					MENTA	HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Lust) MIKHEL				KE.	YMA:	KH		2. DATE	OF DEATH	94	9*53*	3. TIME OF DEATH 12:16	Α.	
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. I	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE	G.30,	1931		HPLACE (State or Foreig	""	
OR	9e. FACILITY NAME (If not institution, give s RT . 95 NORTH OF				9b. CITY	TOWN C	R LOCATI	ON OF DE		-	9c. CO	UNTY OF D	COUNTY	$\dashv$	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  10b. COUNTY	,		10c cu BA	ŁŦĭm	ORE T	ION						10d. INSIDE CITY LIMITS?		
FUNERAL	7025 SURREY DR.					101	zip eoa	15			10g. CI	1 Q YES 2 NO  10g. CITIZEN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		RMED NO		f yes, sp	city,Cuba	OF HISPAN In, Maxical Specify	n, Puerto F	? (Specify Y	ee or No	Binc	E — American Indian, k, White, etc.		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	, ,	DECEDENT'S Give kind of vite. Do NOT us	vork done o	during mo	N st of workin	ng		KIND OF B					
BE CON	17. FATHER'S NAME (First, Middle, Last) DAVID KEYM							KLAR	A	Aiddle, Maide	(UNI	NOWN	1)		
5	MRS. RAISA KEYMAK	Н			BRY	YMC	RD.	or Rural F	DALL	or, City or To STOWN	wn, State, Z	ip Code) 211	.33		
9	20e. METHOD OF DISPOSITION  1X Buriel 2 Cremation 3 Remains and Communication Statement (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		20b. PLACE	EAND DATE OF	KE"H	EBRE	W 8/			BA	LTIMO				
	* Sydney L.	Still	man		6	010	REIS	TERT	NWO		BALT		ID 21215		
23 PART L Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or research, or heart feliure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):						lac or ree	piratory a	rreat,	Approximete Interval Betw Onset and De	reen					
CERTIFICATION	Sequentially list conditions, If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):														
CAL	PART II. Other aignificant condition	a contributing to o	deeth but not	resulting (	n the un	derlying	cause ç	given in i	Part I.		N AUTOPSY PRMED? 2 NO	24b	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ick anly one	o)					
PHYSICIAN: MEDI	27. MANNER OF DEATH  1 Naturel 5 Pending	1   Inpatient 2   28a. DATE OF II (Month, Da) 8 - 3 - 1	NJURY v, Year)	28b. TIMI	E OF URY	28c. INJU WOI	RY AT		8 Nother (Specify) RT . 95 & RT . 100						
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	ome, farm, a	treet, facto		ES 2 [		281. LOCA City o	TION (Street or Town, State	and Numbe	r or Rural F	TRUCK IN Route Number, RT . 100	1PAC			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINED	CIAN: To the best of m	ny knowledge, d	eath occurre	d at the ti			end dua	to the cau	se(a) end me	nner se sta	rted.		d.	
TO BE C	SIGNATURE AND TITLE OF CENTIFIER	rule					29c. LICE	NSE NUM	BER		29d. DA	TE SIGNED	(Month, Day, Year)	$\dashv$	
F	30. NAME AND ADDRESS OF PERSON WHO	KORELL		<b>EM 27)</b> (Туре, 11 Ре		Str				nore				01	
	AUG 0 1993	A 4. F	S SIGNATURE	LEL											

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 if	TO THE FLIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	he find within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked or item 23 shows any injury or other traumatic event the medical eventues must
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)	311	!/ T	NCER	_	2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 93	11:42A M	
1 8	406 09 2.705	XQS M 2 □ F	73 YRS.	MONTHS DAYS	HOURS MIN.	(Marin Parc July) 8	, 1920	Mentucky	
<b>α</b>	9a. FACILITY NAME (If not institution, give Franklin Sq. Hos				SSVILLE	EATH	9c, COUNTY	OF DEATH	
ē	RESIDENCE OF DECEDENT	Paroar		100	22 ATT TE		Balt	imore	
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA	TION D.			10d. INSIDE CITY	
	Maryland Ba	lltimore		Middl	on Location liddle River			LIMITS?	
A	10e. STREET AND NUMBER			10	. ZIP CODE	<del></del>	10g, CITIZEN	OF WHAT COUNTRY?	
H H	1214 Fourth F	ld.			21220	)		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 [X] YES IF YES, GIVE WAR OR	NO	If yes, sp	ecity Cuben, Mexico 2 NO Specia	NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.) ly:		RACE — American Indian, Black, White, atc. Specify: White	
0	15. DECEDENT'S ED	JCATION	16e. DECEOENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	NINESS/INDIEST	BV .	
COMPLETED	(Specify only highest grad	completed) College (1-4 or 5+)	(Give kind of v	vork done during mo e retired.)	st of working				
4PL	12		Meat	t Cutter		Meat	60.		
Ö	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumame)		
BE (	Alex Kind	er			011i	e Craft			
TO E	19a, INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or Tow	n, State, Zip Cod	0)	
	Brenda Patrick,	Daughter	1214	Fourth	Rd. Ba	lltimore, M	D 2122	0	
TO BE COM	20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Ren	noval from State	BLACE AND DATE OF	F OISPOSITION (Na	nme of	DATE 20c. LO	CATION - City	or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		Daker Fu			8/4/93 Po	una, v		
	1 4	- I	/		D ADDRESS OF FA	our Tuneral Hom	DA		
4	Jenn Z	Mughey	cute	7407	Eastern	Avre. Bol	timore	. MD 21221	
NOIL	22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Death  Arrhythmia  Due to (or as a consequence of):  Sequentielly list conditions, Due to (or as a consequence of):  But to (or as a consequence of):								
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or in)ury that initiated events resulting in death) LAST  b. ACIDOSIS  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMBILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
₹	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL: 1√ Inputient 2 ☐ ER/Out	Ipetient 3 🗆 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
1 8	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCURE	0	
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COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	CIAN: To the best of my known the the part of examination						ree(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	2 your	29c. LICENSE NUM					NEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)				-1-1-1	
1	Ali SANAI 9 31. DATE FILED (Month, Day, Near) AUG () 6 1993	Did Frank	lin SO	DR. Ba	alto. M	D. 21237			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR	STATE OF I	MADVI AND /	DEDAD	THENT OF	HEALTH AND		1 11/0151	_ 9	3	229	01
	1 - STATE REGISTRAR	SIMIE UF I			ICATE OF	HEALTH AND DEATH	MENIA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)  RICHA	ARD		T.	OVE		MONT	E OF DEATH	AY .	RASY	3. TIME OF D	EATN
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	8	OF BIRTH		93	10:45 PLACE (State of	
2000	213-84-1605	1 M 2 D F	31		MONTHS DAYS	HOURS MIN.	(Mon	12-30-6	51	Country	Balto	
OR	99. FACILITY NAME (If not institution, give street and number) SHOCK TRAUMA UNIT					OR LOCATION OF D		Y	9c. COUNT	Y OF DE	EATH	
EG	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE C	ITV
L DIRECTOR	Maryland 10e. STREET AND NUMBER					Balti	more	ore			LIMITS?	
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B≺	11. MARITAL STATUS 1 X Never Married 2 Married 3 Divorced	FORCES?	IT EVER IN U.S. ARI I YES 2 NAR OR DATES	MED IO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ YES 2 ☑ NO Specify:					14. RACE — American Indian, Black, White, atc. Specify: Black		
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(GI		USUAL OCCUPAT		16	b. KIND OF BUS	SINESS/INDUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		,	1th Aide						
	17. FATHER'S NAME (First, Middle, Last)	amos O	Love Sr.			18. MOTHER'S NA		Middle, Maiden		V		
TO BE	190. INFORMANT'S NAME (Type/Print)	unies o.			AODRESS (Street	and Number or Rural						
Ĕ	Joyce L.	<u>Yerby</u>			<u>Midline</u>		lto.	Md. 2	21206			
	20a. METNOD OF DISPOSITION  1	eval from State			her place) Star C		8-9		CATION — CIR CONSVI			
Î	21. SIGNATURE OF FUNERAL SERVICE LIES	ENSEE	I Wes	I CET II	22. NAME A	ND ADDRESS OF FA	CILITY V	Villian	n C. B	row	n Comm	unity
	Backer A.	Srown	_			al Home		5 W. No			Balt	o. Md
	23, FART I. Entar the diseases, of complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart faildra. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or AS A consequence on:							Batween				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):												
AL C	PART II. Other significant conditions	contributing to	death but not re	esulting i	n tha undariyin	g cause given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY	
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H X	1 🔀 YES 2 🗆 NO  27. MANNER OF DEATN	28a, DATE OF	INJURY			NE 5 Residence	r -		I IIIBY OCCUR	DED		
ВУР	1 Natural 5 Pending Investigation 8 2 1993 10:03 P 1 YES 2X NO SUBJECT SHOT											
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STREET-600 WEST FRANKLIN ST  STREET-600 WEST FRANKLIN ST  BALTIMORE CITY  Thomicide  STREET-600 WEST FRANKLIN ST  BALTIMORE CITY   STREET-600 WEST FRANKLIN ST  BALTIMORE CITY   281. LOCATION (Street and Number or Flural Route Number, City or Town, States)  BALTIMORE CITY  292. CERTIFFIER (Check only)  One)  2XXMEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								stated.				
й М	29b. SIGNATURE AND TITLE OF CERTIFIER	mko	M			29c. LICENSE NUI OCME			29d. DATE S	IGNEO (	Month, Day, Yea	993
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS							. 0			
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BALTIMORE, MARYLAND 212 xurs after death. Page 6 may be retained by the hospital or this certificate has been signed by the attending physician and completely filled in by the fur with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within o the TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If item 28 is marke

2. DATE OF DEATH 3. TIME OF DEATH 03 MONTH-Elsie May Long 6:05 A. 9 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 214-30-7314 60 1 M 2 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 411 Riverside Drive DIRECTOR SSEX Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore SSEX 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 411 Riverside Drive 21221 U.S.A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: White BY 1 TYES 2 XNO Specify: 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

HOUSEWORK 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) At Home 10 17. FATHER'S NAME (First, Middle, Last) Rebecca (laridge Charles Schuman BE 19a. INFORMANT'S NAME (Type/Print) Albert F. Long 111 2066 Rockrose Ave. , Md. Balto. 20a. METHOD OF DISPOSITION

1/2 Burlel 2 Cremation 3 Red
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE astwood. emetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. astern Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ehock, or heart fellure. List only One cause on each line IMMEDIATE CAUSE (Final **Onset and Death** diseese or condition resulting in death) etastatic Dancreatic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO JOB AS A CONSEQUENCE OF cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24e. WAS AN AUTOPSY PERFORMED? MEDICAL 1 - YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 ₩ Residence 8 □ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicid 294 CERTIFIER FILE CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated, 2 MEDICAL EXAMINER: On the beels of age mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296, BEGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 DETED CAUSE OF DEATH (ITEM 27) (Type, Print) MI Delesex Hell 32. AEGISTRAR'S SIGNATURE 6 199 Tukie Devidoon-Rondalle

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filled in by the funeral director, page 5 should be detached for on, or removal.

use as the burial-transit permit. Pages 1, 2, 3 should

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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) DATE OF DEATH 3. TIME OF DEATH YEAR 8-5-93 EDWARD STUART LEGNARD 6:25 A.M. 7. DATE OF BIRTH 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7-17-1923 1 M 2 - F 215-16-5177 DAYS HOURS 70 Maryland 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH FUNERAL DIRECTOR Francis Scott Key Medical Center Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 101 Center Place 21222 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merrier If yes, specify Cuben, Mexican, Pu 1 YES 2 X NO Specify: BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) 5 yr's Security Guard Eastpoint Mall 17. FATHER'S NAME (First, Middle, Lust) 18. MOTHER'S NAME (First, Middle, Malden Surname) Paul Ħ Leonard Helen BE Jacobs notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Mrs. Regina M. Osborne 8905 Waltham Woods Rd. Baltimore, MD 21234 pe 20a. METHOD OF DISPOSITION
1 💢 Burlei 2 🗆 Cremetton 3 🗆 Ren
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Parkwood 8/7/93 Baltimore.MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Paul L. 22. NAME AND ADDRESS OF FACILITY Hartsock, Jr. Baltimore, MD 21214 Leonard J. Ruck, Inc. 5305 Harford Rd. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haert feliure. Liet only one cause on each line. Approximate interval Between Onset and Daath **IMMEDIATE CAUSE (Finei** TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the transitional Cel Cancel disease or condition resulting in death) metastatic DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS Smoking avitte AWAILABLE PRIOR TO UB COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 Minpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 NO 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation BY 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide COMPLETED 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination end/or in stigation, in my opinion, death occured at the time, date and place, end due to the ceuse(a) end manner as stated. 205. SIGNATURE AND TITLE OF CERTIFIES BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. #9 2 4940 Francis 31. DATE FILED (M 1993 06

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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_		FOR 1 - STATE REGISTRAR	STATE OF MARYL				F HEALTH OF DEA		MENTAL HYGIEN REG. NO.	E		
	Ì	1. DECEDENT'S NAME (First, Middle, Last)	d						2. DATE OF DEATH DA	9 0	YEAR 3. TIME OF DEATH P	
		100 00 0000	5. SEX   6. AGE (I	M 2   F 77 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)							B. BIRTHPLACE (State or Foreign Country)	
	TOR R	9a. FACILITY NAME (If not institution, give street and number)  9a. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  PRESIDENCE OF DECEDENT  100  100  100  100  100  100  100  1										
	DIRECTOR	10a. STATE 10b. COUNTY	U			TOWN OR L					10d. INSIDE CITY LIMITS?	
K			ELLAS			CLEA	RWATE	R		1 YES 2 NO		
IJ	FUNERAL	10s. STREET AND NUMBER					346				EN OF WHAT COUNTRY?	
	W	2426 PERSIAN DR	( 1 V L 12. WAS DECEDENT EVER IN	II.C. ADD		I 40 11110					TED STATES	
	B	1 [X] Never Married 2 Married 3 Widowed 4 Divorced	FORCES? MYES IF YES, GIVE WAR OR DA WORLD WA	2 N		If yes	yes 2 ()( NO	en, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: WHITE	
		15. DECEDENT'S EDUCAT (Specify only highest grade col	rion mpleted)	(Gh	ve kind of wor	SUAL OCCUP	ATION a most of work	ina	16b. KIND OF BUS	INESS/INDU		
	COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) CABLE INSPECTOR COMMUNICATIONS									IONS	
d at onc	w	17. FATHER'S NAME (First, Middle, Last)  ROBERT W. LLOYD  18. MOTHER'S NAME (First, Middle, Meiden Sumanne)  GEORGIANNE BEATTIE										
e notifie	TO B	198. INFORMANT'S NAME (Type/Print)  GLORIA H. HALSEY  190. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  3962 STREET ROAD STREET, ND 21154										
must o		20e. METHOD OF DISPOSITION  1 [X] Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ni from State 20b.	PLACEA etery, cren LAT	IND DATE OF	DISPOSITION D' Place) D' G E	CEMET	ERY	4	LTA,	PA	
examiner must be notified at once.		22. NAME AND ADDRESS OF FACILITY  HARKINS FUNERAL HOME, INC. DELTA, P										
vent, the medical		21. Part 1. Enterprise diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.    IMMEDIATE CAUSE (Final disease or condition resulting in death)										
or other traumatic event, the	ERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
اخ	<u> </u>	PART II. Other aignificant conditions of	contributing to death by	it not re	suiting in	the under	ving cause	given in F	Part I. 24s WAS AN	ALITIDESY	24b. WERE AUTOPSY FINDINGS	
	MEDICA	A DENO CAN	RCINON MEZ	A	M		LUN	2	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
23 8	ÿ I											
Eel	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	108PITAL:			THER:	B. PLACE OF					
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28 18	TED BY	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At hon	ne, ferm, str	eet, factory,	office		281. LOCATION (Street a City or Town, State)	and Number o	or Rural Route Number,	
T tem	COMPLET	anni.	IN: To the best of my knowle									
<u>E</u>	W W	295. SIGNATURE AND TITLE OF CHATIFIER	2 \ 7	w	)	от ту орино		ENSE NUM			SIGNED (Month Day, Year)	
= 9	2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TH (ITEM	27) (Type, P	rint) C	MIZ	Br	JAR	14	201/2	

32. REGISTRAR'S SIGNATURE

AUG 0 6 1993

18

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
1	MARTHA		EN		7 30				
1	4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	111 20 8420	1 □ M 2 Ø F 82	YRS.		July 12	1911	Maryland		
Œ	9a. FACILITY NAME (If not institution, give st			. CITY, TOWN OR LOCATION OF E	EATH 2	Sc. COUNTY	OF DEATH		
DIRECTOR	Hebrew Home of Gre	eater Washin	gton	Rockville		Mont	gomery		
RE	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS?		
		mery	Rocky	ille			1 YES 2 □ NO		
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
JNE	6121 Montrose Rd.	12. WAS DECEDENT EVER II	ALLS ADMED	20852 13. WAS DECENDENT OF HISPA		USA			
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	if yes, specify Cuban, Mexic	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	in the favor of bi	ATES	1 YES 2 NO Speci	ny:	C	aucasian		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU	done during most of working	16b. KIND OF BU	SINESS/INDUST	TRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	fred.)	_				
M	17. FATHER'S NAME (First, Middle, Lest)		Teacher	40 MOTHER'S N	Fducat  AME (First, Middle, Meiden				
Ö	Louis Levine					Surname)			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	PRESS (Street and Number or Flural	Route Number, City or Tow	n, State, Zip Coo	de)		
2	Michael <u>ledeen</u>		l .	estern Ave., C					
	20a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Remo	oval from State Carr	PLACE AND DATE OF D	SPOSITION (Name of		CATION — City			
	4 Donation 5 Other (Specify)	100	idéan Memo	rial Gardens	18-1-93	Olney	_Md		
	Man	No.		22. NAME AND ADDRESS OF FA IVes-Pearson		omes			
_	gagaan	0		Falls Chur	ch. Va. 22	046			
	23. PART J. Entar the diseases, or c shock, or heart failure. I	omplications that caused list only one cause on e	I the death. Do not a ach line.	enter the mode of dying, suc	ch as cardiac or respi	ratory arrest,	Approximate Interval Between		
	iMMEDIATE CAUSE (Finel disease or condition	(5000					Onset and Death		
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	HAR ACC	DENT				
z		D					<u> </u>		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):		· · · · · · · · · · · · · · · · · · ·				
E I	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
E	resulting in death) LAST	CHIPOTEN CONT.					j		
	BART II Other plantiness as alle								
SAL	PART II. Other significant conditions				Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO		
E		HAY MAKE	7 0(56)	176	1   YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC					-		1 NES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (CI	heck only one)				
SIC	1 YES 2, NO	HOSPITAL: 1   Inpatient 2   ER/Outp		HSR: Hursing Home 5 - Residence					
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW I	NJURY OCCUR	ED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO					
03	3 Suictde 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree ify)	t, factory, office	28f. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,		
9	29a. CERTIFIER								
COMPLETED				the time, date and place, and due my opinion, death occured at the					
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU					
BE	P. Zaluro					▶ 7/1	GNED (Month, Day, Year) 30193		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	0 0			7 7 7		
P. Talwar, M.D. D 36552 > 7/30/93  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) P-TALWAR G121 MONTROSE RD. ROCKVILLE MO. 20852									
Į.		91000							
12	31. DATE FILED (Month, Day, Year) AUG 0 0 1993 4	32. REGISTRAR'S SIGN	ATURE						

(M)

## ITEM: 23 PART I, PER MEO FILM G-721 1/22/96 t.t

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-702 8/10/93 t.t

93 22906

	1. DECEDENT'S NAME (First, Middle, Last		LITTI TOAT	E OF DEATH		REG. NO.		3. TIME OF DEATH
	PETER	B.		MILLER	0 7	30	93	AR
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. le:	MONTHS	ER I YEAR IF UNDER 24 HR	/0.4	OF BIRTH		IIRTHPLACE (State or Foreign
	219-90-0416	10 M 2 D F 0 9	YRS.		0	156.	3 6	england
œ	9a. FACILITY NAME (If not institution, give			TY, TOWN OR LOCATION OF		9c.	COUNTY	OF DEATH
CTO	RESIDENCE OF DECEDENT	AL CENTER		ALTIMORE C	TIX			
DIRECTOR	10a. STATE 10b. COUN	П	10c. CITY, TOWN	or Location				10d. INSIDE CITY LIMITS?  1 PYES 2 NO
	104. STREET AND NUMBER		1000	10f. ZIP CODE		10g	. CITIZEN	OF WHAT COUNTRY?
FUNERAL		ssman Sti	Reet	2/21	16		U	15/4
BY	11. MARITAL STATUS 1 Prever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		3. WAS DECENDENT OF HIS It yes, specify Cuban Ma  1 YES 2 AND Sp	xican, Puerto			RACE - American Indian, Black, White, etc. Specify: Black
TED	15. DECEDENT'S ED (Specify only highest gra	de completed) (G	ECEDENT'S USUAL	OCCUPATION e during most of working	168	KIND OF BUSINES	S/INDUSTI	RY
PLE	Elementary/Secondary (0-12)	College (1-1 gr 3)+)	Dis	oble				
COMPLET	17. FATHER'S NAME (First, Middle, Last)	1/200		18. MOTHER'S	NAME (First,	Middle, Maiden Surna	119	· manufus
BE	19a, INFORMANT'S NAME (Type/Print)	11100	- MAN DIO ADDRE	(k)C	101	ny 12	sar	10/
2	B. A. M	Mex "	6. MAILING ADDRE	SS (Street and Number or R)	nel Houte Num	ber, City or Town, Sta	e do con	21229
	20a. METHOD OF DISPOSITION 1 Description 3 Re	moval from State 20b. PLACE	AND DATE OF DISP	OSITION (Name of	DAT	E 20c LOCATIO	y - City	or Town, State M
	4 Donation 5 Other (Specify)  21. SIGNATURE OF PUNERAL SERVICE		1000	2. NAME AND ADDRESS OF	archite	Case	ou!	ville flia.
	6 (6 X/2)	1. An The		Edd of	n. []	M F/4	16	39 11
	23. PART I. Enter the diseases, o	r complications that caused the de	eath. Do not ent	er the mode of dylog.	auch aa cer	diac or resolvator	YSE.	Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ACUTE COCAINE AND  a. ACUTE NARCOTIC INT	NARCOTIC					Interval Between Onset and Death
- 1		DUE TO (OR AS A CONSE	OUENCE OF):					
ATIO	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A CONSE						
ERTIFICATION		b	OUENCE OF):					
AL CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A CONSE	OUENCE OF):		In Part I.	24s. WAS AN AUTO	DPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OUENCE OF):		In Part I.	24a. WAS AN AUTO PERFORMED: 1 KES 2 N	7	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 XYES 2 NO
MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	b	OUENCE OF):  OUENCE OF):  resulting in the	underlying ceuse given		PERFORMED	7	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	DUE TO (OR AS A CONSE  C. DUE TO (OR AS A CONSE  d. Ona contributing to death but not  HOSPITAL:  1   Inpatient 2/ENER/Outpetient :  288. DATE OF INJURY FOLIARIES - As by ACE OF INJURY 7-30-905 INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - AS by ACE OF INJURY - As by ACE OF INJURY - As by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS by ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJURY - AS BY ACE OF INJU	OUENCE OF):  OUENCE OF):  resulting in the  DOA OTH A ON HONORY UNKNOWN M Ome, farm, street, fi	28. PLACE OF DEATH ER: ursing Home 5  Residen 28c. INJURY AT WORK? 1  YES 2  NO	(Check only or	PERFORMED:  1 EYES 2 N  NO NO (Specify)  SCRIBE HOW INJURY  NOWN	Y OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1    YES 2 □ NO
ETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are successful to the conditions of the conditions are successful to the conditions of the conditions are successful to the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions o	DUE TO (OR AS A CONSE  C. DUE TO (OR AS A CONSE  d. Ona contributing to death but not  HOSPITAL:  1 Inpstient 2/ENER/Outpetient :  288. DATE OF INJURY FO (Mikish, Day, Year) 7-30-93 268. PLACE OF INJURY — At he	OUENCE OF):  OUENCE OF):  resulting in the  DOA OTH A DOA 4 N  280 TIME OF UNKNOWN M  DOTHE, farm, street, fi	28. PLACE OF DEATH ER: ursing Home 5 Residen 28c. INJURY AT WORK7 1 YES 2 NO actory, office	(Check only on the B of Other 28d. DE UNK)  28f. LOC City BALT	PERFORMED:  1 EYES 2 N  NOWN  ATION (Street and N) or Town, State) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ry occurse  umber or Re 16 PRE /L AND	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 SYES 2 NO  NOTE: No Completion of Cause of Death Prior of Cause of Death Prior of Cause of Death Prior of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of Cause of
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signed by the attending physician and completely filled in by . Health and Mental Hygiene prior to burial. cremation, or remo HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within certificate has been h the State Dept. of this c DIRECTOR: After the hours after death w 

DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 04 1993 AUGUST WILBERT MILLER 11:21 Ам 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 251-72-6448 DAYS HOURS JUNE 1 M 2 F 50 24 =40 BALTIMORE 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 VES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 629 N. BENTALOU 21216 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican,

1 YES 2 NO Specify: ΒY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 4TH DISABLED 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) LEROY MILLER CHANDLER MILLER BE MAYBELL 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MAYBELL MILLER 629 N. BENTALOU BALTIMORE MD 21216 20a. METNOD OF DISPOSITION Z Z Burlal 2 Cramation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State LTIMORE, CEMETERY BALTIMORE, 4 Donation 5 Other (Specify) 8-21. SIGNATURE OF FUNERAL SERVICE LICENSEE Bemon WM. C. MARCH FH. - 1101 E. NORTH AVE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or hasrt fellure. List only one cause on each line. Approximete Interval Between IMMEDIATE CAUSE (Fins! Onset and Death disease or condition resulting in death) HYPERCALCEMIA (DUE TO (OR AS A CONSCOUENCE OF) MKS QUAMOUS Eu 10 MOS CERTIFICATION Sequentieity list conditions. DUE TO (OR AS A CONSEQUENCE OF) If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 1 YES 2 NO 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 Minpatient 2 - ER/Outpatient 3 - DOA OTHER me 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 5 Pending investigation 1 YES 2 NO BY 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner es stated. MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(e) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIEF 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE M1045 MA MD KESI DENT COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) RESIDENT 93 8 4 2 BAUTIMORE, MD 1830 E. MONUMENT ST. 21205 32. REGISTRAR'S SIGNATURE



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AN	D MENTA	L HYGIENE REG. NO.	93	22300				
	1. DECEDENT'S NAME (First, Middle, Last)	MEANG			2. DATE	OF DEATH	YEAR	3. TIME OF DEATH  2 AM  M				
		MEANS SEX 6 AGE (In	yrs. lest birthday) IF I	NOER 1 YEAR   IF UNDER 24 HR	8	OF BIRTH	91					
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	9a. FACILITY NAME (If not institution, give stree	t end number)	9b.	CITY, TOWN OR LOCATION OF	F DEATH	9c.	COUNTY OF	HTAB				
DIRECTOR	Good Samaritan	<u>Hospital</u>		Baltimore								
E I	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY				
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₹ I	10e. STREET AND NUMBER			10f, ZIP CODE		10g	CITIZEN OF	WHAT COUNTRY?				
FUNERAL	3135 Ripple Ro			2124				U.S.A.				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 XNO		DENT OF HISPANIC ORIGIN? (Specify Yes or No— y Cuban, Mexican, Puerte Rican, etc.)			E — American Indian, k, White, etc. #y: . a C k				
E	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON	16a. OECEDENT'S USU	AL OCCUPATION lone during most of working	168	b. KINO OF BUSINES		ack				
COMPLETED		College (1-4 or 5+)	life. Do NOT use reti	red.)	1,,							
M	17. FATHER'S NAME (First, Middle, Last)		Lab Ted	chnician		cCormic		Co.				
8						Middle, Maiden Surna	me)					
H	Isaac Means  190, INFORMANT'S NAME (Type/Print)		105 MAILING ADD	Ida  RESS (Street and Number or Ru		vles	71- 0-1-1					
임	S. Gloria Means											
4	20a. METHOD OF DISPOSITION	20h. I		pple Rd. I				own State				
	**Devial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Woodlawn Come  18/9  Balto, MD  22. NAME AND ADDRESS OF FACILITY											
	Betts Funeral Home 1129 N. Caroline St. Balto, MD 21213  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate											
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions of	ontributing to death bu	t not resulting in th	e underlying cause given	in Part i.	24a. WAS AN AUTO PERFORMED? 1 YES 2 N	n 1000	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Acrita		26. PLACE OF DEATH	(Check only or	ne)						
Ž.	1 TYES 25 NO	OSPITAL: Unpatient 2 ER/Outpat		HER: Nursing Home 5 - Residen	ce 8 🗆 Othe	er (Specify)						
표	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OE	SCRIBE HOW INJURY	OCCURED					
à	2 Accident Investigation			M 1 YES 2 NO								
ETED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)				28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)						
COMPLE				the time, date end place, and my opinion, death occured at				e) and manner ee stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ho	M.12	29c. LICENSE	NUMBER	29d.	DATE SIGNED	(Month, Day, Year)				
		nohe mon	nt - 1	wood Jan	nav!	tan t	Higust	or/.				
1/	AUG 0 6 1893 Juli	James Transpigna	TUBE	will.	,							

TO THE HOSPITAL PRECORDS, P.O. BOX 68760,

TO THE HOSPITAL WARPLAND 21215-0020

TO THE HOSPITAL WAS PASICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETY DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT			MENTAL	HYGIENE
CERTIFICATE	OF DEA	TH		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAND		TOF HEALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATN
	Calvin	Mayo III			MONTH 3	DAY YEAR	7:30 A H
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	TNPLACE (State or Foreign
	215 86 9745	1×1 × 2 × 2 9	YRS. MONTH	DAYS HOURS MIN.	(Month, Day, Year) 0/-16		antry)
	9e. FACILITY NAME (If not institution, give	,		TY, TOWN OR LOCATION OF D		9c. COUNTY OF	DEATN
PO	University of	Maryland Ho	spital	Baltimore	9		na
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	TY	10c. CITY, TOWN	LOR LOCATION			10d. INSIDE CITY
DIRECTOR	mu.		13	1-H71.			LIMITS?
	10e. STREET AND NUMBER		101	10f. ZIP CODE		10a, CITIZEN OF	F WHAT COUNTRY?
FUNERAL	1814 5. MAG	dison St.		2120	15	n.	<
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED 1	. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify V	e or No.— 14. RA	CE — American Indian,
ВУ	1 Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2	TINO I	If yes, specify Cuben, Mexic  1 YES 2 NO Speci		A	ack, White, etc.
	15. DECEDENT'S EDU	ICATION 4				18	Mak
COMPLETED	(Specify only highest grade	e completed)	Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BI	JSINESS/INDUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	inente	reach		_	1940
Ö	17. FATHER'S NAME (First, Middle, Last)		10170	18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)	
BE C	CAlvin MA	In JK.		min	valir Ha	oTen	_
TO B	19e. INFORMANT'S NAME (Type/Print)	,	19b. MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or To	wn, State, Zip Code)	
Ĕ	VERNEIL MIA	10	2603	Echoda/e	BAKO	· nd .	212/4
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetton 3 Rem	novel from State cameters	CE AND DATE OF DISP		DATE 20c. L	OCATION — City or	Town, State
	1 Burlel 2 Cremetion 3 Rem		Lion	Cem	1/6 1	14/10	nd
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2	R. NAME AND ADDRESS OF FA	ACILITY		
	B	Its fuxual	Home	1127 N.	CAKOLi	16 57	۷.
	23. PART i. Enter the diseases, or	complications that ceused the List only one cause on each i	death. Do not ent	er the mode of dying, suc	ch es cardlec or ree	olratory arrest,	Approximete
	IMMEDIATE CAUSE (Finei	0.010 0.	1		1		Intervel Between Onset and Death
	disease or condition resulting in death)	. Gardiac	Multi	ole Organ	Failure		
		DUE TO (OR AS A CON	SEOUENCE OF):	J			4,
NO N	Sequentially list conditions,	b. AIDS	SECULENCE OF				
FK	if sny, lesding to immediate cause. Enter UNDERLYING	OUL TO JOH AS A CON-	SECOENCE OF):				9
필	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CON	SEQUENCE OF):				
CERTIFICATION	resulting in death) LAST	d					
	PART ii. Other eignificent condition	ne contributing to death but or	of resulting in the	inderfulna cause alven ia	Part I as man	u aurronov I a	
CAL		To describe the	A resulting in the	indenying cause given in	PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED					1 YES	2 NO	OF OEATH?
Σ.	-						1 D YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C/	heck only one)		
Sic	1 YES 2 NO	HOSPITAL: 1 Kinpatient 2 ER/Outpatient	3 DOA 4 N				
¥	27. MANNER OF DEATN	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE NOW	INJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1981)	INJURY M	WORK?			12/19
	3 Suicide 6 Could not be	26e. PLACE OF INJURY — Al building, etc. (Specify)	home, farm, street, fa	ctory, office	261. LOCATION (Street City or Town, State		I Route Number,
COMPLETED	4 Nomicide determined						
AP.	29e. CERTIFIER (Check only one) CERTIFYING PHYS	ICIAN: To the best of my knowledge,	death occurred at the	time, date end place, end due	o fo the cause(e) end me	nner se stated.	
ő	2 MEDICAL EXAMINE	ER: On the basis of examination end/	or investigation, in my	opinion, death occured at the	time, date end place, e	nd due to the cause	e(a) end manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R	110	29c. LICENSE NU	MBER	29d. DATE SIGNE	ED (Month, Day, Year)
10	Muell	neger	MID.			17/3	31/43
	NAME AND ADDRESS OF PERSON WHO	University of	TEM 27) (Type, Print)	Hospital	P. 10.	AAN	
	31 DATE ElbED (Month Car Vani			( Hospitat)	Paltimo	re, MIL	,
5	AUG 06 1993	Jana Dandon And	.00				
~			bell tree				

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RIAZ

31. DATE FILEO (Month, Day, Year)
AUG 0 5 1993

		1. DECEDENT'S NAME (First, Middle, Last)	MARCI	15 E	RAY (RA	CHAEL	) MARCU	JS 2. DAT	E OF DEATH	9	3. 3.	100 15 P
Pg.		4. SOCIAL SECURITY NUMBER 219-40-5707	1 🗆 M 2 💢 F	(In yrs. lest	YRS. MONTH		IF UNDER 24 HR	. (Мо М	e of Birth nth, Day, Year) AR. 13,	1897 M	Country)	
. 3 should	стоя	9a. FACILITY NAME (If not institution, give si  NORTHWEST HOS  RESIDENCE OF DECEDENT		R	9b. C		NDALLST			9c. COUNTY	OF DEATH	
(M)	DIREC	MARYLAND 10b. COUNTY			10c. CITY, TOW BALT	N OR LOCAT		-	-		- 1	I. INSIDE CITY LIMITS? X YES 2 \( \) NO
16 16	FUNERAL	100. STREET AND NUMBER  2500 W. BELVEDER	סבי אורבי			101	21215			10g. CITIZEN	OF WHAT	COUNTRY?
5-0020 nding physician. s the burial-tran	Β¥	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XN	NED )	If yes, sp	ENDENT OF HIS ecity Cuban, Max	PANIC ORIG		or No— 14.		American Indian, hite, atc.
LZIZ	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Giv	EDENT'S USUAL to kind of work do to NOT use retire ROPRIET	ne during mo d.)	ON st of working	10	LADIES			
क विव	ш	17. FATHER'S NAME (First, Middle, Last) ISRAEL MORRIS SE	IAPIRO						, Middle, Maiden PRIEDMA		-	
sy be retained page 5 should be notified	TO B	190. INFORMANT'S NAME (Type/Print) MRS ELAINE COHEN	1	19b.	7203	ESS (Street a	nd Number or Ru AND HIL	LS DE	mber, City or Town RIVE , AP	r, State, Zip Co. T. 103	BAL	21209 TO.,MD
. Page 6 may be ral director, page		20 METHOD OF DISPOSITION 1.2 Gurlal 2 Cremation 3 Remote A Donation 5 Other (Specify)			ND DATE OF OISP PALOTY OF OTHER PLAN LEW YOU			1	TE 20c. LO	BALTI		
AL death to the fune al.		M. SIGNATURE OF FUNERAL SERVICE LIC	tillna			SO1 6010		SON 8	N RD. I	BALTIM		MD 21215
within 24 hours upletely filled in I cremation, or referred, the med		23. ART I/ Enter the disease, or canock, or hand fellure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cause ist only one cause on a STAPI+	760	COCCE					ratory arreat		Approximete interval Between Onset and Deati
th certificate be execu- ending physician and il Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	OUE TO (OR AS A									
requires that the death signed by the attent of Health and Mertial thows any Injury, or	MEDICAL (	PART if. Other aignificent condition	contributing to death b	out not ra	sulting in the	underlying	ceuse given	in Part I.	24a. WAS AN PERFOR 1 YES 2	MEO?	AWA COM OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPPLETION OF CAUSE DEATH?  YES 2 7 NO
The law te has but be but.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF OEATH	(Check only	one)			
PHYSICIAN: this certifica with the St.	PHYSI	1 VES 2 NO  27. MANNER OP DEATH  1 Natural 5 Pending	Inpatient 2 ER/Out	patient 3	DOA 4 1 P	fursing Hom 28c, INJ	e 5 Rasidene	_	ner (Specify) ESCRIBE HOW II	JURY OCCUR	ED	
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the St.	ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	/ — At horr	M ie, ferm, street, f		YES 2 NO	281. LC	CATION (Street a y or Town, State)	nd Number or f	Rural Route	Number,
TAL OR TAL DIRI 72 hour	COMPLET		CIAN: To the best of my know									
THE HOSPITAL THE FUNERAL filed within 72 i	BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	t: On the beels of examination	n and/or in	vestigation, in m	y opinion, d	29c LICENSE		ta and place, and	29d. DATE SI		
P P a P	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM	27) (Type, Print) N. W.	H.C	V 70	(//		_		

DHMH-16 Rev 1/89

Control - West of English to but

_	ç	REGISTRAR, //	ND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		0 22711						
		DECEDENT'S NAME (1987, MARION LAND) Alice Margare     A. SOCIAL SECURITY NUMBER	et Monath Irs. last birthday) If UNDER 1 YEAR   IF UNDER 1	24 HRS. 7. DATE OF BIRTH	93 3. TIME OF DEATH 95 6 5 0 M						
<b>(2)</b>	TOR	215-48-5946 1 M 2 D F 96  90. FACILITY NAME (If not Institution, give street and number)  Francis Scott Key Medical Cent	YRS. MONTHS DAYS HOURS  9b. CITY, TOWN OR LOCATIO	MIN. (Morth, Day, Year) 09 13 96  ON OF DEATH 9e. COU	Country) Md.						
permit.	AL DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  Mde  10e. STREET AND NUMBER	10c. CITY, TOWN OR LOCATION  Baltimore  101. ZIP CODE	190, C1	10d. INSIDE CITY LIMITS? 1 VES 2 NO FIZEN OF WHAT COUNTRY?						
ısı	Y FUNERAL	11. MARITAL STATUS  1 Never Married  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE  14. WAS DECEDENT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH	2 NO II yes, specify Cuban	05  F HISPANIC ORIGIN? (Specify Yes or No— n, Mexican, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc.						
ND 21215-0020 hospital or attending physician, sched for use as the burial-trar	COMPLETED BY	3 Widowed 4 M Divorced	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.)  Howsekeeper	185 KIND OF BUGINESS/IN	White						
YLA by the be dett	BE	17. FATHER'S NAME (First, Middle, Last)  John Peter Monath  19a. INFORMANT'S NAME (Pype/Print)		IER'S NAME (First, Middle, Meiden Sumerne) Margaret Hansen	To Code						
TE, IN nay be re page 5	10	Peggy-Ann Neumann 20a. METHOD OF DISPOSITION 20b.PI	3804 Brandon Ave.	Apt. 254 Roanoke,	Va. 24018 - City or Town, State						
death. e funera il.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	unt (armel (enetery 22. NAME AND ADDRÉS (harles S.	s of facility . Zeiler & Son Inc	6224 Eastern Ave.						
within 24 hours aft pletely filled in by cremation, or remo		23. PART i. Enter the diseases, or complications that caused to shock, or heart feliure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A C	c stenosis		rrest, Approximata Interval Between Onset and Death						
th certificate be executed ending physician and con I Hyglene prior to burial, or other traumatic en	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b.  DUE TO (OR AS A CONSEQUENCE OF):  c.  DUE TO (OR AS A CONSEQUENCE OF):									
ATTENDING PHYSICIAN: The law requires that the death ECTOR: After this certificate has been signed by the attent s after death with the State Dept. of Health and Mental H 28 is marked, or Item 23 shows any Injury, or	MEDICAL	PART II. Other significant conditions contributing to death but  G bleed  Delinium	not resulting in the underlying cause gi	iven in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO						
SICIAN: The law certificate has by the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO	lent 3 DOA OTHER:								
NDING PHYSI The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	84	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY	28b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2   At home, farm, street, factory, office	281. LOCATION (Street and Number							
DIR DIR	COMPLETED	4 Homicide Setermined  29a. CERTIFIER (Check only Inches) Physician: To the best of my knowled		City or Town, State) and due to the cause(a) and manner as sta	nted.						
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	BE CON	one) 2 MEDICAL EXAMINER: On the last of examination at 29b. SIGNATURE AND TITLE OF CERTIFIER			TE SIGNED (Youth, Day, Year)						
0 0 3 M	TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print)	124354	8 3 9 3						
		31. DATE FILED (Month, Day, Year) AUG 0 1993	ure Aandass								

BALTIMORE, MARYLAND 21203-

permit. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the same death. Page 6 may be retained by the stending physician and completely filled in by the toneral director, page 5 should be detained for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematics, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAI
i	1. DECEDENT'S N.
	1
ľ	4. SOCIAL SECUR
	218-0
į	9a. FACILITY NAM
	720
K	RESIDENCE
	Md.
I	10e, STREET AND

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERITE	CALE	OF	DEA	I H	REG. NO				
1. DECEDENT'S NAME (First, Middle, Las Nunzio	Mark	Marant	-0					2. DATE OF DEATH MONTH AUGUST 4	<b>1</b> 199	3 YEAR	4:30pm	
4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH			PLACE (State or Foreign	
218-09-4156	1 ☑ M 2 ☐ F	76	YRS.		DAYS	March Co. March			917 Maryland		ryland	
9a. FACILITY NAME (If not institution, giv	e street and number)			96. CITY, TOWN OR LOCATION OF DEA				ATH	9c. COU	INTY OF DE	TY OF DEATH	
720 Wampler	Road		Middle Riv			ver		Baltimore				
RESIDENCE OF DECEDENT			T									
Md.	Baltimore	2	10c. CITY, TOWN OR LOCATION Middle River						10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER					101.	ZIP COD	E		10g. CIT		THAT COUNTRY?	
720 Wample	r Road						21220	)		Ţ	JSA	
11. MARITAL STATUS	12. WAS DECEDEN			13. W	AS DEC	ENDENT C	F HISPAN	C ORIGIN? (Specify Ye	s or No-	14. RACE	- American Indian, White, etc.	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 MAR OR DATES	INO				Specify:	, Puarto Rican, etc.)			hite	
15. DECEDENT'S E (Specify only highest gri	DUCATION of completed	18a. D	ECEDENT'S	USUAL OCC	CUPATIO	N et of workin	200	16b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	.)	le. Do NOT us	e retired.)	nng mo	SE OF WORK!	ng .						
7th			I	21umb	er							
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	AE (First, Middle, Maiden	Sumame)			
Salvatore	Maranto						Ros	se Valenzi	lano			
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (	Street a	nd Number	or Rural A	oute Number, City or Tov Baltimore	vn, State, Z	in Code	)	
Peggy Maran	to											
20a. METHOD OF DISPOSITION 1 - Buriel 2 - Cremetion 3 - Re	emoval from Stata	other (								City or To		
4 Donation 5 Other (Specify)		_   Hol.	lyHil				<u>/7/9:</u>		Balti	more	Md.	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	0/1	(									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADORESS OF FACILITY  Connelly Funeral HOme 300 Mace Ave. 21221										21221		
shock, or heart titlure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  List only one cause on each line.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant condit	deeth but not	ut not resulting in the underlying cause given in Par				Part I. 24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO			WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL	_				0.0 04	ACE OF F	SEATH /Ch	at ant and				
EXAMINER?	HOSPITAL:			OTHER	:		-	ick only one)				
1 YES 2 NO  27. MANNER OF DEATH  1 Patural 5 Pending	1 Inpatient 2 28e. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ	URY AT		8 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED		
2 Accident Investigation 3 Suicide 8 Could not determined	28a. PLACE 0 building,	OF INJURY — At I	home, farm,	street, facto		YE\$ 2 [	_  NO	28t. LOCATION (Street City or Town, State		er or Rural F	Route Number,	
CONSCR ONLY	YSICIAN: To the best of a										i) and menner as stated.	
296. SIGNATURE AND TITLE OF CERTI	-11 CADY						Z60		29d. DA	RIE SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON  John H. Epple  31. DATE/FILED (Month, Day, Year)	R. M.D.	SE OF DEATH (IT	Sister	Palmi	ern	9 0	rive	Ste 507	Tol	NSON	M 2120	
3/4/3		93 4	0 .	vidson	-Man	34.80					DHMH-16 Rev	

## FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, La		CERTIF	ICATE OF	DEATH		EG. NO.						
					2. DATE OF E	DAY	YEAR	3. TIME OF DEATH				
Francis	D.		szewski	1	07		993	1107				
4. SOCIAL SECURITY NUMBER 216-32-5097	5. SEX	8. AGE (In yrs. last birthday) 58 YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF B (Month, Day 9 - 5 -		8. BIRTHPLACE (State or Fore Country) Maryland					
90. FACILITY NAME (If not institution, git  1327 Bethleho RESIDENCE OF DECEDENT	em Avenue		96. CITY, TOWN Balt				DEATH					
10e. STATE 10b. COU		10c. CITY, TOWN OR LOCATION Dundalk				13		10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
100. STREET AND NUMBER 1327 Bethlehe	em Ave.	\$ E. S.	10	1. ZIP CODE 21222			S.A.	WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced			It yes, sp	CENDENT OF HISPAR pecify Cuben, Mexica 3 2 X NO Specify	n, Puerto Rican	pecify Yee or No — i, etc.)	14. RAC Blac Spec Whi					
15. DECEDENT'S E (Specify only highest gi	EDUCATION rade completed) College (1-4 or 5 +	(Give kind of life. Do NOT (	s usual occupation work done during mouse retired.)  Office	ON ost of working		G. Govt.						
17. FATHER'S NAME (First, Middle, Lest) Joseph Malis:				Martha			)					
196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Theresa Iwanowski  1513 Leslie Rd., Balto., Md. 21222												
20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   Genetary, crematory or other place)   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Solid   Crematory   Crematory   So												
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Onset and Death Dept.  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
PART II. Other aignificent condi	tions contributing to	death but not resulting	in the underlyin	g ceuse given in		. WAS AN AUTOPS PERFORMED? YES 2 XNO	24 24 E	D. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?				
N. W. O. O. O. O. O. O. O. O. O. O. O. O. O.						uspec	tion					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-WH	OTHER:	LACE OF DEATH (Ch	eck only one)							
TYPES 2 NO		ER/Outpetient 3 DOA	4 - Nursing Hor	ne 5 Residence								
27. MANNER OF DEATH  S Pending Investigation		ly, Year) In	M 1 _	JURY AT DRK? YES 2 NO	28d. DESCRIE	BE HOW INJURY	OCCURED	•				
3 Suicide 8 Could not determined	building,	F INJURY — At home, farm, atc. (Specify)	, street, factory, offic	20	28f. LOCATIO City or To	N (Street end Num wn, State)	ber or Rural	Route Number,				
Appl		my knowledge, death occur amination end/or investigat						s) end manner es state				
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  0 C M F  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)								(Month, Day, Year)				
THEONORE THE THE	MIKI			reet. Ba	altimo	re, Ma	aryla	and 212				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing from a few feeth. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Les	11							2. DATE OF OEATH			3. TIME OF DEATH			
	chard Al	len N	Volen						199	3 YEAR	3. TIME OF DEATH			
4, SOCIAL SECURITY NUMBER 5. SEX		6. AGE (In yr	IF UNDER	IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH		8. BIRTH	8. BIRTHPLACE (State or Foreign				
323 26 6642 1XX 2 F 6		61	61 YRS.		DAYS			(Month, Day, Year) 03/22/193		2 Illinois				
1423 W. 36th Street					96. CITY, TOWN OR LOCATION OF DEATH Baltimore					Baltimore City				
RESIDENCE OF DECEDENT	our bure					Dul	CIMO		Du	1011	lore crey			
					or location.						10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER						of. ZIP COD	E		10g. CIT	IZEN OF Y	HAT COUNTRY?			
1423 W. 36	th Stree	et					2121	11		U.S.	Α.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IT EVER IN U.S VAR OR DATES	2 NO If yes,				n, Mexica	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.) y:	es or No- 14, RACE American Indian, Black, White, atc. Specify: White						
15. DECEDENT'S E (Specify only highest gra	DUCATION de completed)	164	n. DECEDENT'S (Give kind of				na	16b. KIND OF BU	SINESS/IN	DUSTRY	WIII CC			
Elementary/Secondary (0-12) College (1-4 or 5+)			life. Do NOT use retired.)											
12 2			Maintenance					College						
17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAME (First, Middle, Maide												
John Ulman Nolen  19a, INFORMANT'S NAME (Type/Print)				Hazel Willi										
	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Co 1423 W. 36th Street, Baltimor								26301011					
Roberta E. No		Took or					Sti			Ore,				
20e, METHOD OF DISPOSITION 12 Burlel 2 Cremetton 3 Re 4 Donation 5 Disposition			ACE AND DATE  y, crematory or of  CE V16	ether place)	1em	oria		ark Eld		buro				
21. SIONATURE OF THIF IAL SERVICE	LICENSEE B	No.	11)	E	Burg		Hens	ss Funera Road, Ba			21211			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CO	NSEQUENCE O	F):					. 3					
resulting in death) LAST	d													
PART II. Other algolificant conditions	one contributing to	death but r	not resulting	in the u	nderfyld	ng ceuse	given in	Part I. 24a. WAS AN PERFOR	RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL					26 6	DI ACE OF C	EATH (C)	nack onto one)	-					
EXAMINER?	EXAMINER? HOSPITAL: OTHER:								LACE OF DEATH (Check only one)  to 5   Residence 6   Other (Specify)					
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF 186		INJURY AT WORK?		28d, DESCRIBE HOW INJURY OCCURED						
building, etc.		OF INJURY — I	JURY — At home, ferm, street (Specify)				_ NO	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 8 Could not i detarmined  29e. CERTIFIER (Check only 1 CERTIFYING PH	M 1 YES 2 NO street, factory, office				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  to the cause(e) and menner as stated.  e time, data and place, and due to the cause(a) and manner as stated.									
30. NAME AND ADDRESS OF PERSON	NHO COMPLETED CAN	BE OF DEATH	(ITEM 27) (Type			D	33	220	•	8/5	173			
Bets/ A. Fau	10.3	730	Fall		$\langle d$	E	sal	to, MD	. 2	212	_)			
" AUG O'6 1993	gulandan	manhous	Micros											



filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the completely filled in by the tuneral director, page 5 should be detached to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020 our after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

etained by the he	should be detaction and a supplementations of the should should be detaction and the should should be detactioned as a should should be detactioned as a should should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned as a should be detactioned a	offiled at once.
LICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hours.	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted and the first beat, of Health and Mertal Hydiene prior to burial, cremation, or removal.	s, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requ	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Deot. of Health and Mental Hodiene prior to burfal. cremation	IMPORTANT: If Item 28 is marked, or Item 23 short

								3 2	2915
	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Last)	-	02	IOATE OF	DEATH	2. DATE OF DEAT	1	$\overline{}$	3. TIME OF DEATH
	BURTON	L.		NUTTE	2	0 8	02 1	993	7:00 AM
	4. SOCIAL SECURITY NUMBER 214 52 9234	5. SEX 6. AGE (	(In yrs. last birthday) 43 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Yea July 27		8. BIRTHP Country)	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF D			INTY OF DE	
DIRECTOR	3480 MARBLE AR	CH DRIVE		PASAI			AN	NE A	RUNDEL
	-	Arunde1	10c, CIT	Y, TOWN OR LOCA		adena			10d. INSIDE CITY LIMITS? 1 YES 2 YO
FUNERAL	3480 Marble Arch			10	ZIP CODE	122			states
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 ☑ YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	13. WAS DEC	ecity Cuban, Maxico 2 NO Specific	NIC ORIGIN? (Specify an, Puerto Rican, etc. ly:	Yes or No —	14. RACE - Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of v	USUAL OCCUPATION OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PORT OF PO	ist of working	Autom	BUSINESS/INC Oblile t - Ex		Company
OM	17. FATHER'S NAME (First, Middle, Last)		DOGGET	7 Super		ME (First, Middle, Mai		POLO	Company
BE	Olen  19a. INFORMANT'S NAME (Type/Print)		Nutter	1000500	Caro	L		-	11
9	Olen Nutter					Route Number, City or 1 Burnie,		21060	)
	20e. METHOD OF DISPOSITION  1 N Burlel 2 Cremation 3 Remort  4 Donation 5 Other (Specify)	val from State cerri	PLACE AND DATE Of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of	her plece)			Glen		
	21. SIGNATURE OF FUNERAL SERVICE UCE	MSEE		22. NAME AI	D ADDRESS OF FA				
4	- Suple to	Johnnon		3204	Mountair	Rd., Pa	sadena	, MD	21122
	23. PART I. Enter the diseases, or conshock, or heart feliure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	APTERIOSCI	CONSEQUENCE OF	CARPK		has cardiec or re			Approximeta Interval Between Onset and Death
ERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF	):					
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):					
C	PART II. Other eignificant conditions	contributing to deeth be	ut not resulting I	n the underlying	causa given in	Part I. 24s, WAS	AN AUTOPSY	24b. Y	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							FORMED?	0	MAILABLE PRIOR TO COMPLETION OF CAUSE
ME									OF DEATH?
ä									
<u>S</u>		HOSPITAL:		28. PL OTHER:	ACE OF DEATH (Ch	eck only one)			
H YS	1, √YES 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atlent 3 DOA 28b. TIMI			8 Other (Specify)			
	Natural 5 Pending	Nstural 5 Pending (Month, Day, Year)		URY WO	RK?	28d. DESCRIBE HO	W INJURY OCC	JURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
9	29a. CERTIFIER	IANA To the head of the land							
COMPLETED		AN: To the best of my knowl : On the bests of examination							and manner as stated.
BE	296 SIGNATURE AND THE OF CERTIFIER	V. L			29c. LICENSE NUI	MBER	29d. DATI	E SIGNED (A	Month, Day, Year)
10 E	mont do	MIN			O.C.M.	E.	▶08	3/02/	1993
12	MARIO & GOLLO	OMPLETED CAUSE OF DE			et, Bal	timore,	Marv	land	21201
7	31. DATE FILED (Mortin, Day, Year) AUG () 6 1993	32. REGISTRAR'S SIGNA							
			-						

OHMH-18 Rev 1/89

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DIRECTOR	4. SOCIAL SECURITY NUMBER	Theresa 0'R					2. DATE OF DEATH	p. 4	3. TIME OF DEATN
RECTOR	4. SOCIAL SECURITY NUMBER		egan				8/3	1/93	3=15 A
RECTOR	097-36-9808	5. SEX 8. AGE	(In yes, last birthd	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		. BIRTHPLACE (State or Foreign Country)
RECTOR	9a. FACILITY NAME (If not institution, give st		9 /R			OR LOCATION OF D	11/16/18		New York
E E	Northwest Hospita					.1stown	DEATN		ty of oeath ltimore
	10e. STATE 10b. COUNTY		10c.	CITY, TOWN C	R LOCAT	TION			10d. INSIDE CITY
百	Maryland Bal	ltimore		Randa	alls	town			LIMITS?  1 YES 2 XNO
¥	10e. STREET AND NUMBER				101	f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	3801 Schnaper Dr	ive Apt. 317				21133	3	Un	ited States
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 U YES IF YES, GIVE WAR OR D	2 NO	1	yes, sp	CENDENT OF NISPA Hecify Cuban, Mexic 5 2 NO Speci	NIC ORIGIN? (Specify Yea an, Puerlo Rican, etc.) fy:	or No- 1	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16e, OECEDEN (Give kind life. Do NO	T'S USUAL OC of work done of use retired.)	CUPATIO	ON ost of working	16b. KIND OF BU	SINESS/INDU	STRY
M M	8th grade		Home	maker	, Wi	fe and N	lother		
	17. FATHER'S NAME (First, Middle, Last)					1	AME (First, Middle, Meiden		
BE	Thomas McAtee  190. INFORMANT'S NAME (Type/Print)		400 000				eth Murray		
2	Mr. Robert O'Rega		380	1 Schi	nape	er Dr. Al	Pt. 317 Rar		town, MD 2113
	20e. METHOD OF DISPOSITION 1 Secretaria 2 Cremetton 3 Remo 4 Donation 5 Other (Specify)	val from State cen	o.PLACE AND DA netery, cremetory oly Fan	ily Cl	nurc	h Cem.	8/5 Rar		town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Deey		Loring Byers Funeral Directors 8728 Liberty Rd Randallstown,					
CERTIFICATION	ehock, or haert failure. I	DUE TO JOH AS A  LEP TO JOH AS A  LEP TO JOH AS A	A CONSEQUENCE	fol months	y la fe	for	lure C bl	cedi	Interval Betwee
PHYSICIAN: MEDICAL (	PART II. Other almificant conditions  The form of the conditions  The form of the conditions  25. WAS CASE INFERRED TO MEDICAL EXAMINERS	dosy	out not resulting		sc		PERFOR	MED27	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sic	1 TES 2 HO	HOSPITAL: 1 Inpatient 2 - ER/Outp	etlent 3 🗆 DO/	OTHER		e 5 🗆 Residence	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)		IME OF INJURY M	_	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCU	RED
ETED E	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferr	n, street, facto	ery, office	•	26f. LOCATION (Street of City or Town, State)	and Number or	Rural Route Number,
COMPLE		IAN: To the best of my know							, ceuse(e) end manner ee stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	ATH (ITEM 27) (7)	1. p.		29c. LICENSE NU	MBER 7/34	29d. DATE S	SIGNED/(Month, Day, Year)
	Northwest  31 PATE FILED (Month, Day, Year)	Hospis A	al (	enter	-/	, Ra	odally)	ONN	, 40
6	AUG 0 6 1993	Julia Davidon	Pandate.						

MARIO F.

AUG 0

31. DATE FILED (Month, Day, Year)

GOLYE, JR

1993 6

32. REGISTRAR'S SIGNATURE

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-702 8/11/93 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M2111 Penn Street, Baltimore, Maryland

93 22917

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN ROLAND 07 PINDER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH XXM 2 F YRS. 218-60-4830 41 9-1-51 From 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 1223 N. EDEN STREET. BALTIMORE CITY. DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE 10e. STREET AND NUMBER 10f. ZIP CODE 1223 N. EDEN STREET 21213 FUN 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 hospital or attending privile 1 Never Married 2 Married BY 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high for entary/Secondary (0-12) College (1-4 or 5+) DISABLED 10 TH detached once. 17. FATNER'S NAME (First, Middle, Last)
ROLAND E. PINDER, SR. 18. MOTNER'S NAME (First, Middle, Maiden Sumame) retained by the 2 HELEN PALMER BE funeral director, page 5 should KAREN PINDER 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3819 W. ROGERS AVENUE nours after death. Page 6 may be illed in by the funeral director, page 1. or removal. pe 20a. METHOD OF DISPOSITION
1 💢 Burial 2 🗆 Cremetion 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must ST. LUKES 4 Denation 5 Other (Specify) 8-7 CEMETERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH. 1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart failure. Liet only one cause on each line. in and completely filled in by to burial, cremation, or remo IMMEDIATE CAUSE (Final 書 disease or condition resulting in death) ... NARCOTIC INTOXICATION event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed with traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury attending physician ntal Hygiene prior to death certificate be DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 20 the attent injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t amy 1 YES 2 NO Shows been at. of h has be Dept. PHYSICIAN: L OR ATTENDING PHYSICIAN; The law r. DIRECTOR; After this certificate has be hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, item HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 🙀 Residence 8 ☐ Other (Specify) 0 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED marked, 1 Netural 5 Pending M 1 YES 2 X NO BY UNKNOWN UNKNOWN UNKNOWN 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 89 6 Could not be determined COMPLETED 4 🔲 Nomicide 28 Hem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL O TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE O.C.M.E. 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3. TIME OF DEATH YEAR 1993 6:23 8. BIRTHPLACE (State or Foreign BALTIMORE 9c. COUNTY OF DEATN 10d. INSIDE CITY 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 14. RACE — American Indian, Black. White, atc. BLACK ELECTRICIAN baltimore, md 21213 20c. LOCATION — City or Town, State WESTMINSTER, MD Approximate Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

08/01/1993

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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-702 8/9/93 t.t

1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME ERTIFICAT			MENTA	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE	OF OEATH	NY.		3. TIME OF OE	TN
NORMAN	PIERRE		PIT	T	0 7	26	19	993	5:25	A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. ia:	MONTH		F UNDER 24 HRS.		OF BIRTH		Country)	LACE (State or I	oreign
499-18-1449	1)XM2 = F	YRS.			1-1	22-6	2/	1/19	SOURI	
9a. FACILITY NAME (If not institution, give				LOCATION OF D			9c. COUNT		ATN	
ELLICOTT TERI	RENCE APARTMEN	T E	LLICO.	TT CIT	' Y		HOW	ARD		
10e. STATE 10b. COUN	TY	10c. CITY, TOW	N OR LOCATION	N			0	1	IOd. INSIDE CIT	Y
MV FIOL	VARD								VES 2	
10e. STREET AND NUMBER	1 2 2 2 97 1/1	Bot. 160	7 10f. Z	IP CODE	· pump		10g. CITIZI	EN OF WH	AT COUNTRY?	
6/8/ 017/	ALBRAGI KO	7//		466	:/		1	117	H	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2	NO		DENT OF NISPA ty Cuban, Mexico			or No-	4. RACE - Black,	- American Ind White, atc.	lan,
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2	NO Speci	ly:			25 my	NK	
16. DECEDENT'S ED		ECEDENT'S USUAL	OCCUPATION		166	. KINO OF BUS	I BINESS/INDU	STRY	HUN	-
(Specify only highest grad Elementary/Secondary (0-12)		alve kind of work do	ne during most ( d.)	of working						
12		VRIVI	5R							
17. FATHER'S NAME (First, Middle, Last)	T		1	6. MOTNER'S N	AME (Figt,	Middle Malden	Symame)	11.		
UBSS15- 11	//				LA	1115	MAL	19		
19a. INFORMANT'S NAME (Type/Print)	TT 3	MAILING ADDR	and and	Number or Purel	South Hum	ラップア	n. Stym. Zip C	(de)	man o	12
20s_METHOD OF DISPOSITION	//	1010	HU	VAYER	41/	4. (1	(un)	7/4/	10,2	4
1 Murtat 2 Cremetion 3 - Rec	movel from State company ca	AND DATE OF DISE	OSITIONIQVamo	Trans	0/1	200 100	CATION - CI	My or Town	A. State	
4 Donation 5 Other (Specify)	JCEMER 1 PV S	4/40/	(pl)	DIDRY	94	7/1/1	4415	1.14	MIKI	
11 1			22. MIMME AND	ADDRESSION OF	MORCHINE, J.	-	- 1116-	* ** ***		
b. 11 .14 W	//_		GARY.	17.10	POH I	TIMER	4/16	15	111	
Jan 17.71	forch -		SARY	PIPA	Hon	PAS'	3/A00	ns	c/M	212
23. PART LEnter the diseases, or spock, or heart failure	r complications that caused the do	esth. Do not en	SARY	PIPA	HON the as can	PAS diac or respi	BAA ratory srre	ng Imer st,	Approxin interval	
iMMEDIALE CAUSE (Final	b. List only one cause on each line	esth. Do not en	ter the mode	EDA) of dying, suc			BAA ratory stre	ng I		letwe
speck, or heart failure	a. NARCOTIC, COCAINE, F	esth. Do not en	ter the mode	EDA) of dying, suc			BAA	ng l Imer st,	interval l	letwe
immediate cause (Final disease or condition	b. List only one cause on each line	esth. Do not en	ter the mode	EDA) of dying, suc			BAA Fratory srre	ng l	interval l	letwe
iMMEDIALE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. NARCOTIC, COCAINE, F	PHENCYCL II	ter the mode	EDA) of dying, suc			5 BAA	ng l	interval l	letwe
iMMEDIALE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. NARCOTIC, COCAINE, I  DUE TO (OR AS A CONSE	PHENCYCL II	ter the mode	EDA) of dying, suc			5 BAA	ng l	interval l	letwe
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iMMEDIALE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. NARCOTIC, COCAINE, I DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  d.	PHENCYCL II COUENCE OF):  OUENCE OF):  resulting in the	ter the mode  OINE & All  underlying of	of dying, suc	Part i.	24a. WAS AN PERFOR	AUTOPSY IMEO?	24b. V	VERE AUTOPSY INMILABLE PRIOR DEPTH DEATH?	d Dad
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020		
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	,	
HHE RINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Berd, of Health and Mental Hydiene prior to burial, cremation, or removal.	pin	
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ITEMS: 23 PART I, 27, 28a-f, PER MEO G-702 8/12/93 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH Kevin 2:24 AM Porter Joseph 4 SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212 54 9056 38 1 XM 2 - F YRS. April 27,1955 Maryland Sa. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1327 S.CHARLES STREET Baltimore City BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7534 Bright Water Beach Rd. 21060 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1XX YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 TES 27 NO Specify: specify: White BY 3 Widowed 4 Divorced Vietnam COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Telephon Marketer Fraternal Order of Police 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James E. Porter Patricia A. Coffey BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21060 2 Patricia A. Somers 7534 Bright Water Beach Rd., Glen Burnie, MD 20e. METHOD OF DISPOSITION

| West | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | Comment | 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Maryland Veterans Cemetery 8/2/93 4 Donation 5 Other (Specify) Crownsville, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition . ACUTE NARCOTIC INTOXICATION regulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 8X X ther (Specify) 1327 S.CHARLES ST 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural UNKNOWN M 1 YES 2 XX NO 7-29-93 BY UNKNOWN 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 1327 S. CHARLES STREET 3 Sulcide COMPLETED 8 XXCould not be datermined 4 Homicide FOUND IN APARTMENT MARYLAND 29a. CERTIFIER 1 Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

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THE SECURITIES AND TITLE OF CERTIFIES

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32. BEGISTRAR'S SIGNATURE

MARE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAD TO 111 Penn Street, Baltimore, Maryland

me

21201

29d. DATE SIGNED (Month, Day, Year) 7 - 29 - 1993

29c. LICENSE NUMBER

O.C.M.E.

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BALTIMORE, MARYLAND 21215-0020	Durs after death. Page 6 may be retained by the hospital or attending physician
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DIVISION OF VITAL RECORDS, P.O. BOX 68

HE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	DR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: T	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or iter

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTING			IENTAL HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)				I	2. DATE OF DEATH	W740	3. TIME OF DEATH
		IRENE LOVA	S RITZELI	L		8-5-19	93 '	12:30am M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)   III	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	INPLACE (State or Foreign
	198-18-0665	1 □ M 2 XXF 69	YRS.	DAYS	HOURS MIN.	9-12-1923		PA PA
~	9a. FACILITY NAME (If not institution, give s		91	b. CITY, TOWN C	R LOCATION OF DEA	TH 9	c. COUNTY OF	DEATH
DIRECTOR	14905 New Hampsh	ire Ave.		Silve	r Spring			
EC	10a. STATE 10b. COUNT	Y	10c. CITY, 1	OWN DR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Md. MONT	GOMERY	Silv	ver Spr	ing			1X YES 2 ND
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE	1	0g. CITIZEN OF	WHAT COUNTRY?
Ä	14905 New Hamps				20905		U.S.	
	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U FDRCES? 1 TYPES	2 (10	If yes, sp	city Cuban, Mexican	C DRIGIN? (Specify Yes or , Puerto Rican, etc.)	Ble	CE — American Indian, ick, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 TYES	2 □XND Specify:		Spi	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION 1	6a. DECEDENT'S US (Give kind of work	UAL OCCUPATION	N et of working	16b. KIND OF BUSIN	ESS/INDUSTRY	***************************************
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	etired.)	at or working			NAME OF THE OWNER.
MP	12							
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Malden Sur	mame)	
BE	George Lova  19a. INFORMANT'S NAME (Type/Print)	8	195 MAHING AF	DRESS (Street a	Mary	oute Number, City or Town, S	State 7to Codel	
2	Sharlotte N. Wil	COV				Columbia.		10/5
	20a. METHOD OF DISPOSITION	20b. P	LACE AND DATE OF	DISPOSITION (Na	me of		TION — City or	
	1 Donation 5 Other (Specify)	Camete G	ery, cremetory or other reen Mour	it Ceme	tery 8-	-6-93 Bal	timore.	Md.
	21. SIGNATURE OF FUHERAL SERVICE TH	CENSEE	Α .		D ADDRESS OF FAC			
	1 total	Labbal	mll			n Funeral Ave. Balto		
	23. PART I. Enter the diseases, or	complications that ceused t List only pre-ceuse on eec	he deeth. Do not	enter the mo	de of dying, such	ea cardiec or reapiret	ory arrest,	Approximete
	IMMEDIATE CAUSE (Final	List only one ceuse on eec	n line.	1 11	2			Onset and Death
	disease or condition resulting in death)	Endone	trial	C	ercen	omi		5/2 year
		DUE TO (OR AS A C	CONSEQUENCE OF):					
ON	Sequentially list conditions,	b DUE TO (DR AS A C	ONSEDUENCE OF):					
AT	If any, leading to immediate cause. Enter UNDERLYING							
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):					
CERTIFICATION	reaulting in deeth) LAST	d						
AL C	PART II. Other aignificent condition	na contributing to death but	not resulting in	the underlying	cause given in F	Part I. 24s, WAS AN AU		1b. WERE AUTOPSY FINDINGS
						PERFORME  1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								OF DEATH?
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PL	ACE OF DEATN (Che	ck only one)		
IXSI	1 VES 2 NO	1   Inpetient 2   ER/Outpet	lent 3 DOA 4	☐ Nursing Nom	-	Other (Specify)		
	1 Natural 5 Pending	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME C	Y WO	RK?	28d. DEŞCRIBE HOW INJU	URY OCCURED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY -	- At home, farm, stre			28f. LOCATION (Street and	Number or Burn	il Boute Number
	4 Homicide 6 Could not be	building, etc. (Specify	)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)	Transcript of Francisco	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of my knowled	ige, death occurred	et the time date	and place, and due t	n the cause/s) and manne	r an etated	
W		ER On the basis of examination a						e(a) and manner se stated.
	THE SPENATURE AND TITLE OF CERTIFIE		- 0		29c. LICENSE NUM			Số (Mossie Bes: West)
BE C	there	- Jedest	muy)		MD 3	16/2	· 8/	5/93
6	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEAT	H (ITEM ET) (Type, Pr	int)		100	1	/
(	Dr. Lodish 2901	Sandy Spring		ney. Me	2083	2		
10	AUG 06 1993	32. REGISTRAR'S SIGNAT						
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		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			IENTAL HYGIEN	E	22921
		1. DECEDENT'S NAME (First, Middle, Last)	wiro. 13	oseph IOSEH C.		SHAPIRO)	2. DATE OF DEATH DO	193 YEA	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 215-05-7848	5. SEX 6. AGE (1		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATÉ OF BIRTH (Month, Day, Year) 7/22/191.	l 8. Bu	RTHPLACE (State or Foleign ountry) ARYLAND
2. 3 should	OR	SINAI HOSPITAL	street and number)	98	BALTIM	OR LOCATION OF DEA	тн	9c. COUNTY C	F DEATH
L. Pages 1, 2	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  10b. COUNT	Y	10c. CITY, T BALT	OWN OR LOCA IMORE	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
3	ERAL	7111 PARK HEIGHT	S AVE., APT.	512	10	21215			OF WHAT COUNTRY?
ding physical the buria	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 XXVIdowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, s	CENDENT OF HISPANI Decify Cuben, Maxican, S 2 NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, atc.)	or No- 14. F	ACE — American Indian, Ilack, White, atc.
ID 21215-002 spital or attending phys had for use as the buri	PLETED	15. DECEDENT'S EDI (Specify only highest grads Elementary/Secondary (D-(2) 1.2		16a, DECEDENT'S USI (Give And of work the Do WOT use to OWNER	UAL OCCUPATI done during in steed.)	ON out of working	SCRAP I	METAL	Y
MARYLAND : retained by the hospital 5 should be defined in notified at once.	BE COMPL	17. FATHER'S NAME (FINE MIGEN, LAND) ISAAC	SHAPIRO	5.5.15		18. MOTHER'S NAM SARAH	E (First, Micholie, Marchin	Surreme) KRISTMA	N
	TO B	SANFORD M. SHAPIR	0	Chapter San		PANS DD	BALTO 1		
TORE, e 6 may be rector, page		28s. METHOD OF DISPOSITION  A Burlat 2 Gremation 3 Ren  4 Donation 5 Other (Specify)	novel from State com	PLACE AND DATE OF D	ISPOSITION IN	ALCOHOL: PARK A	DATE 20s. LO	CATION — City o	r Town, State
ALTIN death. Pag e funeral dia li.		21. SIGNATURE OF FUNERAL SERVICE LI			SOL L	EVINSON &	BROS., II		
ely filled in by nation, or remo		23 PART I. Enter the glasses, or shock, or hear failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CIRCUA	ach line.	enter the mo	ode of dying, such	as cardiac or respi	ratory arrest,	Approximate Interval Betwee Onset and Dear
P.O. BOX 68 th certificate be exect ending physician and I Hygiene prior to but or other traumati	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	-010 CDO	CONSEQUENCE OF):	TAICE	hust		6	2 weeks
RECORDS requires that the oben signed by the confidence of Health and Me shows any Injury	: MEDICAL	PART II. Other significent condition BPH Bladder G	ns contributing to death b	ut not resulting in t	he underlylr	g ceuse given in P	PERFOR		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	atient 3 DOA 4	THER:	LACE OF DEATH (Chec		lospi	TA1_
		27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month. Day, Year)	28b. TIME O	F 28c. IN		28d. DESCRIBE HOW I	NJURY OCCURE	
TISIC TOR: A after d 28 Is	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28s. PLACE OF INJURY building, atc. (Spec	At home, term, stre	et, factory, offi	00	26t. LOCATION (Street ( City or Town, State)		rel Route Number,
로 작은 =	COMPLET	one) —	ICIAN: To the best of my knowl ER: On the besis of examination						se(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	O BE C	296. SIGNATURE AND TITLE OF CERTIFIE  B AShun	nar. MA	PC-YI	7	29c. LICENSE NUME	BER	29d. DATE SIG	NED (Month, Day, Year)
		B ABULLA	C - 1 1	ATH (ITEM 27) (Type, Pri	nt)			,	
	20	31. DATE FILED (Month, Day, Year) AUG 0 6 1993	32. REGISTRAR'S SIGN	ATURE					



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FOR STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH STATON 56 (NMN) 93 φ M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State 216789633 DAYS HOURS MIN. 1 M 2 - F 29 Maryland 3 should 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Pages 1, 2, Baltimore City 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 TES 2 NO Maryland Baltimore Pikesville funeral director, page 5 should be detached for use as the burial-transit permit. FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8350 Streamwood Drive 21208 USA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pu 1 ☐ YES 2 X NO Specify: 1 Never Married 2 Married BY Specify: 3 Wildowed 4 Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Files kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Crade Sheraton Hotel Cook once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumerne) Ħ **BE** Boy I Staton

196. INFORMANT'S NAME (Type/Print) Geraldine Manley

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) notified 2 Dariotto Ballard

20s. METHOD OF DISPOSITION

1 | Burlal 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) Pikesville, MD 21208 8350 Streamwood Dr pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Crematory Inc. 8// /4/93 Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner death. Johnson Funeral Home completely filled in by the 8521 Loch Raven Blvd medical 23. PART I. Entar the diseases, or complications that caused the deeth. Do not antar the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart feiture. List only one ceuse on each line. interval Between Onset and Death cremation, or MMEDIATE CAUSE (Final iş. disease or condition PNGUMONIA 1 month event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed the attending physician and con I Mental Hygiene prior to burial, DUE TO (OR AS A CONSEQUENCE OF): IMMUNDOEFICIENCY SYNDROME traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL been signed by the pt. of Health and A PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 | YES 2 | 1 TES 2 NO PHYSICIAN: this c. tificate has be with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DR ATTENDING PHYSICIAN: The HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending Investigation 1 YES 2 NO BY After 1 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 8 Could not be determined 92 COMPLETED DIRECTOR: / 4 Homicide 28 Hem 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. FUNERAL ( HOSPITAL 100 TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Grandothi, M.D 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 29 93 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NIZAR GOOD SAMARITAN CHARAFEDDINE HOSPITAL. 31. DATE FILED (Month, Days Year) AUG 0 1993 37. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JWR

ITEMS: 23 PART I, 27, PER MEO G-702 8/18/93 t.t

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a title death. Page 5 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
MPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22923

DECEDENT'S NAME (First, Middle, Last) REGINA	MARGARE	т с	STRAU	ICH		MONTH	OF DEATH	W 3	993	3. TIME OF DEATH
REGINA SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR	T	8	1	1		11:30 P
212-58-8549	1 □ M 2 🙀 F	37	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	DE BIRTH , Day, Year) 24/56		5. BIRTH Counti	MD
a. FACILITY NAME (If not institution, give s  29 NEWBURG		3			NSVILLI				NTY OF D	IMORE
a. STATE 10b. COUNTY				Y, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
Md Ba	ltimore			Catonsvi	Llle 1. ZIP CODE					1 YES 2 NO
29 Newburg Aven		91			21228					SA
. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2		If yes, s	CENDENT OF HISPA Decify Cuban, Maxic 3 2 2 NO Speci	in, Puerto A	? (Specify Yes lican, atc.)	or No	Spec	E — American Indian, k, Whita, atc. //y: White
15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			(Give kind of a life. Do NOT us	USUAL OCCUPATION WORK done during more retired.)	ON ost of working	16b.	KIND OF BUS	ines	DUSTRY	white
FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, N				
Paul F. Strauch							McGran			
m. informant's name (Type/Print) Helena S. Nyerge	r				was, Day			454		
De. METHOD OF DISPOSITION  Surface 2 Cremation 3 Rem	oval from State	cemetary, o	crematory or o	OF DISPOSITION (Nather place)	ame of	OATE		CATION —		
□ Donation 5 □ Other (Specify) SIGNATURE OF FUNERAL BERVICE UK	CENSEE	- Гноту	Rede		ND ADDRESS OF F	8/1	Bal	timo	re,	Md.
Jon A							maral	Hom	_	
3. PART I. Enter the diseases, or ahock, or heert feliure.  MMEDIATE CAUSE (Final Isease or condition	complications the	10055 it caused the use on each li	deeth. Do r	736 E	ing Asht  Idmondsor  ode of dylng, suc	Aver	nue. B	alto	. Md	21228 Approximata interval Between Onset and Da
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	i i	1. DECEDENT'S NAME (First, Middle, Last)	Tampe,			Thom					OF DEATH		3	3. TIME OF DEATH
		James	Jameshom	nous		1110				Augu	st 2	19/9/3/	72	19:55pm "
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1		IF UNDER			OF BIRTH			ACE (State or Foreign
		705-07-7898	1 M 2 □ F	79	YRS.	MONTHS	DAYS	HOURS	MIN.		11/19	14 c	**	mbus, GA
_		9e. FACILITY NAME (If not institution, give		4 4		9b. CITY, T				ATH		9c. COUNT		
2		Maryland Ger	neral Hosp	itaı		ם	атт.	TINOT	e Ci	Ly				
DIRECTOR		RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	TY .		10c, CIT	Y, TOWN OR	LOCATION	ON					I	Od. INSIDE CITY
1 8		Maryland												LIMITS?
	- 1	10a. STREET AND NUMBER			De	alti <sub>l</sub>		E ZIP CODE	E .			10a. CITIZI		AT COUNTRY?
FUNERAL		611 S. Charles	s Street					2	1202	2		109. 0111		
3		11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. W	AS DECE				Y? (Specify Yes	or No — 1	U.S	- American Indian.
	- 11	1 Never Married Merried	FORCES? 1	YES 2X A	10	lf.	yes, spec	City Cuba	n, Mexicai	n, Puerto	Rican, etc.)		Black, \ Specify:	White, etc.
BY	- 11	3 Widowed 4 Divorced	1						2.1112					<b>Black</b>
ETED		15. DECEDENT'S EDU (Specify only highest grade		(G)	ive kind of v	USUAL OCC	CUPATION	l of workin	19	16b	. KIND OF BUS	INESS/INDU	STRY	
٣		Elementary/Secondary (0-12)	College (1-4 or 5+)	me.	Do NOT us	e retired.)								
once.		17. FATHER'S NAME (First, Middle, Last)						40. \$4000	4EB10 010		Middle, Malden S			
E O	- 48	John Thomas						18. MUTP			middle, Maiden S Pearl	iumeme)		
B B		19e. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS /	Street en	d Number			ber, City or Town	Otata 7/a (	la del	
examiner must be notified at once.  TO BE COM		Alice Tucker				Wood								21207
8		20a METHOD OF DISPOSITION 1 & Burial 2 Cremetion 3 Rem		20b. PLACE					DI I V	DAT		ATION - CI		
E E		1 ← Burial 2 □ Cremetion 3 □ Rem 4 □ Donation 5 □ Other (Specify)	noval from State	cemetery, crei	matory or of				ters	1		onsv		
흔	-	21. SIGNATURE OF FUNERAL SERVICE LI	CENDRE	1 0	1	22. N/	AME AND	ADDRES	S OF FAC	CILITY				
E	-	× 1171	U N	1110 #	1	LI	ERO	Y O	. DY	ETT	& SO	N FU	NERA	AL HOME
	4	23. PART I Enter the diseases of	complications that	caused the de	oth Do n	46	500	LI	BERT	Y H	EIGHT	SAV	ENUE	
medical		snock, or neart rapure.	List only one cause	e og each line		IOL BIREI R	Ne niou	e or uyı	ng, suci	h ea cert	diec or reapir	atory arre	et,	Approximate Interval Between
2		iMMEDIATE CAUSE (Final disease or condition	Ac	ute Myo	card	ial I	nfai	gti	on	susp	ected	ار ما	?	Onset and Deeth
event,		resulting in death)	DUE TO (C	OR AS A COUSED	VENCE OF	F):		9				reg	-	-
			Ay	nerosci	erot	ic he	北	dis	ease	1150	21-0			İ
y, or other traumatic CERTIFICATION		Sequentially list conditiona, if any, leading to immediata	DUE TO (C	OR AS A CONSEC	MIENCE OF	D:								!
SE		CAUSE (Diseese or injury	c. (6	restiv	ache;	ALL THE	ailt	Time!	/me	2				
or other		that initieted events resulting in death) LAST	DUE TO (C	DRAS A CONSEC	DUENCE OF	T):								
		resulting in deathly Excit	d	Sardiae	act	PA CHI	karr	16)						
CAL CE		PART ii. Other eignificant condition	ne contributing to d	leath but not n	esulting i	n the und	erlying	ceuse g	iven in i	Part i.	24a. WAS AN A	UTOPSY	24b. W	ERE AUTOPSY FINDINGS
ک ا≤		assamy liting	of set hi	Peto Sc	rosa/	and	21 6	loon	-		PERFORM	1		VAILABLE PRIOR TO OMPLETION OF CAUSE
shows any		preamicos a	induing .	Selizuc	21	De	ent	101		_	1 [] YES 2]	NO IN	1 ~	F DEATH?
2 3										-			'	YES 2 NO
red, or Item 23 shows ar PHYSICIAN: MEDI	1	25. WAS CASE REFERRED TO MEDICAL					28. PLA	CE OF DE	EATH (Che	ick only on	10)		1	
Sign	ļ	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	g Home	5 🗆 Re	sidence	8 🗆 Othe	r (Specify)			
를 들	ı	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day)		28b. TIMI	E OF 2	8c. INJUI	RY AT			CRIBE HOW IN	JURY OCCU	RED	
		1 Netural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******	M		S 2 [	NO					
		3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY — At hor tc. (Specify)	me, ferm, s	treet, tactor	y, office			281. LOC	ATION (Street or or Town, State)	d Number o	Rural Rou	te Number,
MPLETED		4 Homicide determined												
MPLE			ICIAN: To the best of m											
10	ı	one) 2 MEDICAL EXAMINE	ER: On the beele of exe	mination end/or in	nvestigation	n, In my opi	nion, dea	nth occur	ed at the t	time, date	end place, end	due to the	ceuse(e) a	nd manner ee stated.
E H	I	29b. SIGNATURE AND TITLE OF CERTIFIE	R						NSE NUM			29d. DATE	SIGNED (M	forith, Day, Year)
TO BE		10	K. Des	sai, M.	D.			$D_{\cdot}$	304	194	4	▶ 8	1319	3
-	I	30. NAME AND ADDRESS OF PERSON WH				Print)						1011		17:8446
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12		AUG 06 1993 fr	32. REGISTRAR	S SIGNATURE							_			
0	1	100 00 1993 94	na wavidson	pandell_										

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAR

1. DECEDENT'S NAME (First, Middle,	(Last)							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
CLEII	OA	M		UHI	LER			8	1		993	10:23
4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yrs.		IF UNDER	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		8, BIRT Coun	HPLACE (State or Forei
212 50 6094		M 2 F	81	YRS.					01/1	911	Ma	ryland
9a. FACILITY NAME (If not institution  44:62 LaF RESIDENCE OF DECEDER	LAT.		IUE				TIMORE		Y	9c. CO	UNTY OF	DEATH
	COUNTY			10c. CI	TY, TOWN	OR LOCAT	TION					10d. INSIDE CITY
Maryland Ba	alti	more (	City		Balt	timo	re					LIMITS?
10e. STREET AND NUMBER						101	I. ZIP CODE			10g. Cr	TIZEN OF	WHAT COUNTRY?
4462 La Pi	latt	a Aver	nue				2121	1		U	.S.	Α.
11. MARITAL STATUS  1 Never Married 2 Married  3 X Wildowed 4 Divorced		2. WAS DECEDEN FORCES? 1 IF YES, GIYE N	IT EVER IN U.S. I YES 2X MAR DR DATES	ARMED NO	10	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic NO Spec	en, Puerto		fes or No—	14. RAC Blac Spec	CE — American Indian, ck, White, atc. city: White
15. DECEDENT' (Specify only highes			16a,	DECEDENT'S	USUAL C	OCCUPATION	ON sst of working	166	b. KIND OF E	USINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	7	College (1-4 or 5		We. Do NOT u	use retired.)	)						
				Н	omen	nake				Own	Hom	e
17. FATHER'S NAME (First, Middle, Le							18. MOTHER'S N					
Edmon C		lliams	7	10h MAH IST	C ADDOCO	00 /0	E1		beth			
Joanne Greel							Platta					Md. 2121
20. METHOD OF DISPOSITION 1-0 Burlel 2 Comparation 3			20b. PLAC	E AND DATE				AVE	_	DALU		
1- Buriel 2 Commetton 3		ol from State	cemetery.	crematory or	other place	1	metery	1				le, MD
21. SIGNATURE OF FUNERAL SERV				TUI	Tage				1 1	TVCO	V I I	TC LID
Type and	ICE LICEN	OEE	011				ND ADDRESS OF F					
23. PART I. Entity the disesse shock, or heart to IMMEDIATE CAUSE (Finel	s, Dr con	nplications the	t coused the use on each li	ne.	not ante	Burg 3631 or the mo	ee-Hen Falls oda of dylng, au	Roa Roa ch as car	ad, B	alto	. M	d. 21211 Approximate Interval Bate Onset and to
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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

UTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

ITM, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAN			OLITITI I	CAIL OF	DEATH	HEG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)		. Vice	chio,	Jr.		08/02/1	903	3. TIME OF DEA		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.			T I I I I I I I I I I I I I I I I I I I	7. DATE OF BIRTH		DISTURN ACC CO		
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	Se. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	Y OF OEATH		
ECTOR	518 W. 33r	d Stree	t		Ba	altimor	6	Ra	ltimore (		
5	RESIDENCE OF DECEDENT							1300	E O E MOE O		
2	10e. STATE 10b. COUNT	TY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY		
DIR	Maryland B	altimor	e City	y Ba	1timo:	re			1X YES 2		
1	100. STREET AND NUMBER				10	f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
ERAL	518 W. 33r	d Stree	t			21211			U.S.A.		
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COMPL	17. FATHER'S NAME (First, Middle, Last)					LOCATOR HEROSER	AME (First, Middle, Melden				
u		Vicchi	o, Sr	•	14:54	Ros	e M. Vic	chio (	Nee Ponz		
2	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	DDRESS (Street	and Number or Rural	Route Number, City or Tox	n, State, Zip Co	ode)		
2	Bernadette Vi	cchio			518	W. 33rd	Street.	Balt.	o. Md. 2		
	204- METHOD OF DISPOSITION		20b. PLA	CE AND DATE OF	DISPOSITION (N	ame of			y or Town, State		
	1 A Buriel 2 Cremation 3 Rer	movel from State	cemetary	cremetory or oth	w Memo	orial			burg, Md		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	~ /			ND AOORESS OF FA		10010	Daig, Ha		
N	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Ne DUE TO	tasta O (OR AS A COM	TLC ISEOUENCE OF)	Sme	ll Ba	vel ack	noteric	Onset sn		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
뜅		u									
EDICAL	PART II. Other significent condition	ons contributing to	ot resulting in	the underlyin	ig cause given in	Pert I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION OF OF DEATH?			
Σ									1 🗆 YES 2 🖂		
PHYSICIAN:											
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (C	heck only one)				
2	1 VES 2 NO	1 Inpetient 2	☐ ER/Outpatien		OTHER:  United the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	ne 5 Residence	6 ☐ Other (Specify)				
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BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE (	OF INJURY - A	t home, lerm, st	reet, factory, offic						
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7	2 MEDICAL EXAMIN								ceuse(s) end manner es :		
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TO BE		ERHAL	MA LISE OF DEATH (	) ITEM 27) (Type, I	Print)	28c. LICENSE NU 1026.	MBER 396	29d. DATE S			
1	29b. SIGNATURE AND TITLE OF CERTIFIE	ERHAL	MA L	) ITEM 27) (Type, I	Print)	020.	MBER 376	29d. DATE S			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	2	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Last) Margaret Marie Weidner 2. DATE OF DEATH 3. TIME OF OEATH YEAR 43 MAR GARET Augus 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year June 2, 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 215-32-3961 1 M 2 X F 84 YRS 1909 Germany 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Franklin Square Hospital Baltimore Baltimore County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5010 Bucks School House Road 21237 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Il yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EOUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Florist N/A N/A Self-employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ewald Schlag Marie (Surname Unknown) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Ewald J. Rambow 5010 Bucks School House Rd., Baltimore, MD 21237 20s. METHOD OF DISPOSITION

| Burlai | 2 | Cremation | 3 | Removal from Stata | 4 | Denation | 5 | Other (Specify) | 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Oaklawn Cemetery 8/9 Baltimore, Maryland 21. SIGNATURE OF FUNEFAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Road, Baltimore, MD 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition Outro Con AS A CONSEQUENCE OF ! resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART ii. Other eignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPS 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 6 Other (Specify) 27. MANNEY OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, factory, offica building, etc. (Specify) 3 Suicide 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. SIGNATURE AND TITLE DE CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Bolo O Deat Node Example 4,199 2 DEATH (ITEM 27) (Type, Print) STANLEY E 31. DATE FILED (Month, Day, Year) 0 6 199



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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Las	er .	CERTIFI	CATE OF	DEATH	REG. N	0.		
	1. DECEMENT 3 NAME (First, MICON, LES	Dorothy A	nn Wisnie	wski		2. DATE OF DEATH	04 93	3. TIME OF DE 3:00	
	4. SOCIAL SECURITY NUMBER 2/5=/4=8984	5. SEX 6. /	AGE (In yrs. last birthday) 72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Country)	
	90. FACILITY NAME (If not institution, giv	70	12 1110.	96. CITY, TOWN	OR LOCATION OF D	04 24 EATH	2/ Se COUNTY	Pa <sub>e</sub>	
TOR	1220 Browning H				timore			OF PEATH	
DIRECTOR	10e. STATE 10b. COU	ντγ		Baltimo				10d. INSIDE CI LIMITS?	
FUNERAL D	100. STREET AND NUMBER 1220 Broening	Hickway			of. ZIP CODE 2/224			1 2 YES 2 EN OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR	YES 2 NO	if yes, s		NIC ORIGIN? (Specify ten, Puerto Rican, etc.)	-	. RACE — American In Black, White, etc. Specify: White	
ED	15. DECEDENT'S Et (Specify only highest gri	DUCATION ade completed	16a. DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF E	USINESS/INDUS		
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	House	rork done during me retired.)	lost or working	A+ 1	Home		
DMPL	17. FATHER'S NAME (First, Middle, Last)		nouse	10070	18 MOTHER'S NA	AME (First, Middle, Meid			
E C0	Charles Domb	rowski				ces Nogge	or corrumey		
TO B	190. INFORMANT'S NAME (Type/Print) Chester M. Wisn	iewski			end Number or Rural	Route Number, City or Talto, Md.		ode)	
H	20s. METHOD OF DISPOSITION  10 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	smoval from State	20b. PLACE AND DATE Of Completely Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of the Commerce of	F DISPOSITION //	Name of	DATE 20c.	LOCATION - CH	4	
	21. SIGNATURE OF FUNERAL SERVICE	b. Zeile						224 astern Av	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF	):	in redor	tosi	,		
O	PART II. Other algorificant condit	diona contributing to date	eth but not resulting l	n the underlyl	no cause olven in	Part I 24s WAS	AN AUTOPSY	24b. WERE AUTOPSY	
N: MEDICAL						PERF	ORMED?	AMAILABLE PRIC COMPLETION OF OF DEATH?	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C	heck only one)			
PHYSICIAN:	1  YES 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending	1 Inpetient 2 ER  28e. DATE OF INJU (Month, Day, Y	URY 28b. TIMI	E OF 28c. IF	VJURY AT	6 ☐ Other (Specify)  28d, DESCRIBE HON	V INJURY OCCU	RED	
TED BY	3 Suicide 6 Could not I	cident Investigation							
COMPLET		YSICIAN: To the best of my							
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BE		in local			0 18	629	8	15/93	
ш	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE O	OF DEATH (ITEM 27) (Type,		D 18	D MD	210	40	

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FRANK GILSON WHITSON 1993 August 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 X M 2 - F 240-01-2055 82 May 13 1911 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR The Good Samaritan Hospital Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Maryland permit. FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 5407 Grindon Avenue 21214 United States hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married BY 1 YES 2 X NO Specify. 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Por Elementary/Secondary (0-12) College (1-4 or 5+) detached 14 Proprietor Antique Sales 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 神 3 funeral director, page 5 should be 76 Frank Lambert Whitson Julia Sizer BE notified 19a. INFORMANT'S NAME (Type/Print) 2 Frances M. Whitson 5407 Grindon Avenue Baltimore, Maryland pe 20s. METHOD OF DISPOSITION
1 Solution | State | Burial | Cremation | State | Donation | Donation | Other (Specify) | 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE must Parkwood Cemetery 8/7/93 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Mark T. Zavoyna nours after death. Leonard J. Ruck, Inc. Mark 1. xaugnu 5305 Harford Road Baltimore. completely filled in by the rial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapfratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition resulting in death) entucu event. DUE TO (OR AS A CONSEQUENCE OF) attending physician and commal Hygiene prior to burial, executed -6 traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST by the an.
Mental H 10 Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL pt. of Health and h amy Marraus T YES 2 X NO Shows has be Dept. c PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 36. PLACE OF DEATH (Check only one) EXAMINERT NO certificate h HOSPITAL: OR ATTENDING PHYSICIAN: 4 - Nursing Home 5 - Residence 6 - Other (Specify) the o 27. MANNER OF BEATH Month, Day, Year 286, TIME OF 25c. INJURY AT WORK? 264. DESCRIBE HOW INJURY OCCURED this ce marked, 1 Namural 5 Pending 1 VEB 2 NO BY After t 3 🔲 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (floscriy) 28f. LOCATION (Street and Number or Rural Route Number, City or Team, State) 80 6 Could not be DIRECTOR: / COMPLETED 4 [] Homicide 28 tem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL ( within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 8 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)... Ir Francis Wiegmann M.D 8406 Harford Road Baltimore, Md 31. PAUG 06 1993 A2. RIGHSTRAR'S SH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22929

REG. NO.

2:29 Am

New York

Specify:

10d. INSIDE CITY

1 X YES 2 NO

White

21214

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO

COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Approximate Interval Between

Onset and Death

21214

2. DATE OF DEATH

CERTIFICATE OF DEATH

21234

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Jurs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First,	Middle, Last)	, 1 -	-1			2. DATE OF DEATH		3. TIME OF DEATH			
EUGHENE	Honse	WIK	TH ,Sr.			MONTH DA	9.	3 230/A M			
4. SOCIAL SECURITY NUME			, , , , , , , , , , , , , , , , , , , ,	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
212-07-5197	, 1	X M 2 □ F 7	79 YRS.	ONTHS DAYS	HOURS MIN.	11/12/13		Pennsylvania			
9a. FACILITY NAME (If not in	stitution, give street	and number)	91	b. CITY, TOWN (	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
Meridian RESIDENCE OF DEC	Cromwel	l Nursing F		Tow			Balt	timore			
10a. STATE	10b. COUNTY		10c. CITY, T	OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?			
Maryland		imore	To	wson				1 YES 2 NO			
10e. STREET AND NUMBER				101	f. ZIP CODE			OF WHAT COUNTRY?			
1402 E. Jop					21286		U:	SA			
11. MARITAL STATUS		2. WAS DECEDENT EVER IF FORCES? 1 TYPES	U.S. ARMED			IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No — 14.	RACE — American Indian, Black, White, etc.			
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(Specify only	y highest grade con	mpleted)	(Give kind of world life. Do NOT use n	k done during mo		186. KIND OF BUS	INESS/INDUS	HY			
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Mary Margar						owson, MD	21286				
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4 Donatton 5 Other			Moreland M		L PK. ND ADDRESS OF FA		illena	ale, MD			
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23, PART I. Enter the d	iseases, or con	nplicatione that cause	d the deeth. Do not	enter the mo	ode of dying, suc	h as cardiac Dr respi	ratory arrest	, Approximate			
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YES 2 NO ca a and placa, and due death occured at the	PERFOR  1 VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  Total VES 2  T	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GENTH?  1  YES 2 NO  RED  Rural Route Number,  ause(a) and manner as stated.			

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF						
	Lewis Willett	Augus 4		7:25 AM			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest b)	irthday) IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, War)	8, BIRT	THPLACE (State or Foreign	
	214-01-6778 1 KM 2 OF 81	YRS.	S HOOMS MIN.	3/28/19/	12	"C7	
_	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOW	N OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH	
DIRECTOR	Canden Peds Norssing + Rehab Confer Baltimore						
2	RESIDENCE OF DECEDENT  10e. STATE 1 10b. COUNTY	10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY	
RIC	Md.	Baltin				LIMITOT	
	10e. STREET AND NUMBER	1)411111	10f. ZIP CODE		10g, CITIZEN OF WHAT COUNTRY?		
FUNERAL	1217 W. Fayette St		2120 3		WSA		
N N	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO	13. WAS	DECENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	Yea or No.— 14. RACE — American Indian, Black, White, atc.		
	IF YES, GIVE WAR OR DATES		If yes, specify Cuban Maxican, Puerto Rican, atc.)  1  YES 2 NO Specify:			ick, White, atc.	
BY	3 Widowed 4 Divorced					White	
COMPLETED	(Specify only highest grade completed) (Give	DENT'S USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTRY		
E	Elementary/Secondary (9-12)   Collaga (1-4 or 5 +)	h kne w	440				
MP		h Lne w					
	17. FATHER'S NAME (First, Middle, Last)		1	ME (First, Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print) 19b. 8	MAILING ADDRESS (Str		Route Number, City or Tow	- O W- O		
2	Sand. 4 - 12	17/.	r Hurai I			1723	
	20a. MERMOD OF DISPOSITION 20b. PLACE OF	DISPOSITION (Name of	camatan comaton or		CATION — City or		
	1 🕒 Burlal 2 🗆 Cremetion 3 🗆 Removal from Stata other place 4 🗆 Donation 5 🗆 Other (Specify)	zion	complety, crametory or		Isdown,		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		AND ADDRESS OF FA	Jone Pt.	+	· W	
	1) 6 6	11e	Bemigh C	set he B	11 M	121710-	
	20 PATTY I Series to discount of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	1611					
	<ol> <li>PART I. Enter the diseases, or complications that coused the deatt shock, or heart failure. List only one cause on each line.</li> </ol>	n. Do not anter the	mode of dying, suc	h aa cerdlec or respi	ratory arreat,	Approximate interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition						
	resulting in death)  a. Cordiac Arrest  Due to (OR AS A CONSEQUENCE OF):						
-	302 10 (ON AS A CONSECU	ENCE OF J.					
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUE	ENCE OF):					
CAT	If any, leading to immediate cause. Enter UNDERLYING						
Ĕ	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUE	ENCE OF):					
ERI	resulting in death) LAST						
	PART ii. Other algorificant conditions contributing to death but not res	ulting in the under	ving cause given in	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS	
MEDICAL		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ED	Szizure Disorber, Dzmentie, Chronic Lung Disease 1 - YES 2 KNO						
100	Chronic ATrial Fibrillation, STroke						
AN	25. WAS CASE REFERRED TO MEDICAL	20	B. PLACE OF DEATH (Ch	eck only one)			
PHYSICIAN:	EXAMINER?  1 YES 2 5 NO  HOSPITAL:  1 inpatient 2 ER/Outpatient 3 DOA  4 k Nursing Homa 5 Realdance s Other (Specify)						
H	27. MANNER OF DEATH 28s. DATE OF INJURY :	28b. TIME OF 28c.	INJURY AT	28d. DESCRIBE HOW	NJURY OCCURED		
ВУР	1 Netural S Panding (Month, Day, Year) 2 Accident Investigation	INJURY M 1	WORK?			7.1	
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural F					I Route Number,	
4 Homicide determined building, atc. (Specify)  City or Town, State)							
MC	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or inv					e(a) and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	MBER	29d. DATE SIGNI	ED (Month, Day, Ybar)	
BE	Lu MA		D333		N A	T 4 1993	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM :	27) (Type, Print)	10111.		12901		
9						11.00	
	31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE						
-	AUG 06 1993 Sulice Devices AUG 06 1993					1	

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND A	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)  HAZEL	WADDELL		2. DATE OF DEATH MONTH DA	14 great	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER Z 38-14-1384	1 XM 2 F 74 YRS. MONT	THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		ATHPLACE (State or Foreign units)	
TOR	98. FACILITY NAME (If not institution, give s  AUGUS BURG  RESIDENCE OF DECEDENT	6811 CAMPFIELD P.	CITY, TOWN OR LOCATION OF DE	2/207	9c. COUNTY OF		
DIRECTOR	10a. STATE 10b. COUNTY	100, 0111, 101	WN OR LOCATION LTIMORE			10d. INSIDE CITY LIMITS?  1 YES 2 NO	
FUNERAL	3526 Ed monds		10f. ZIP CODE 2/2	29	10g. CITIZEN O	F WHAT COUNTRY?	
BY FUN	11. MABITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 □NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxicar 1 YES 2 NO Specify.	, Puerto Rican, atc.)	BI	ACE — American Indian, ack, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY						
	17. FATHER'S NAME (First, Middle, Last)	LABO	18. MOTHER'S NAM	NE (First, Middle, Malden	Surname)		
TO BE	199 INFORMANT'S NAME (Type/Print)	196, MAILING ADDI	RESS (Street and Number or Rugal R	oute Number, City or Town	OOK (	441	
	20a. METHOD OF DISPOSITION  1	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	SPOSITION (Name of lace)	87/1E 20c. LOS	ATION — City or	Toyn, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC		22. NAME AND ADDRESS OF FAC	Zal //O   E	MINO	00,	
	J6Seph L.  23. PART I. Enter the disease, pro	complications that caused the death. Do not en	2222 W. A	lorth A	-48.		
	shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due to ion as a consequence op:	ance	as cordinated of reaph	atory errest,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST						
ÄL	PART II. Other significent condition	e contributing to deeth but not resulting in the	e underlying cause given in F	Part I. 24s. WAS AN / PERFORI	WED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL					1 TES 2 NO	
SICI	EXAMINER? 1 YES 2 NO		26, PLACE OF DEATH (Chec				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW IN	JURY OCCURED		
	3 Suicide 4 Homicide  Could not be datarmined  Suicide 4 Could not be datarmined  City or Town, State)					il Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, death occurred at the control of the basis of examination and/or investigation, in r	he time, data and place, and due to my opinion, death occured at the ti	o the cause(s) and many	er as stated.	e(a) and manner as stated.	
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	BBN to	296. LICENSE NUME	BER		ED (Month, Day, Year)	
V	720 PARRE 1	completed cause of Death (ITEM 27) (Type, Print)					
X	31. AUG 0°6 7993	1 102. HESTHAR'S SIGNATURE TURA DAVISON-RONGESE					



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. I	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				100	2. DATE OF DEATH		3. TIME OF DEATH			
	NORMAN BU	ELL	VE	CARICK.	TD	MONTH DAY YEAR					
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR		08 0.	, , ,	90.07 1.1			
				MONTHS DAYS	HOURS MIN.	(Month, Day, Year		BIRTHPLACE (State or Foreign Country)			
	185-30-2624		55 YRS.			9-14-193	7	PA.			
_	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH			
R	NORTH ARUNDEL HOS	SPITAL ASSOCI	TATTON	GLEN	BURNTE		Δ	A. COUNTY			
DIRECTOR	RESIDENCE OF DECEDENT						Δ,	n. COUNTI			
2	10a. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
<u>a</u>	MARYLAND	ANNE ARUNDEL		GLEN	BURNIE			1 TES 2 XNO			
4	10e. STREET AND NUMBER			10	f. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?				
12	7947 OUEENS ROAD				21061			S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific							
	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, s	ecify Cuban, Mexica	n, Puarto Rican, etc.)	100 01 110-	I. RACE — American Indian, Black, White, atc.			
BY	3 Widowed 4 Divorced	1958-196		1 TYES	2 XNO Specify	<i>i</i> :		Specify: WHITE			
ED	15. DECEDENT'S EDI			USUAL OCCUPATI	ON	LAST KIND OF	BUSINESS/INDUS				
	(Specify only highest grad	e completed)	(Give kind of	work done during m	ost of working	TOD. KIND OF	DUSINESS/INDUS	) I MY			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		STATE AG		COLDMI	ELL BAN	ZED			
₹	12	4	KEAL E	SIAIL AG	ENI	COLDWI	DAMI	XER .			
COMPLET	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mak					
ш	NORMAN B. YEARIC	K, SR.			ELIZA		MAUNDE	JR			
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F	Route Number, City or	Town, State, Zip Co	pde)			
=	JOAN E. YEARICK		7947	QUEENS	ROAD, GLI	EN BURNIE	, MD. 2	1061			
	20s. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION /N	ame of	DATE 20c.	LOCATION — CIT	ry or Town State			
	1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State Cer	metery, cremetory or o METRO CRI	ther placel		A 10 1		E. MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LI		METRO CRI		ND ADDRESS OF FA		штиота	THE TENTE			
	1000 20	2		22. NAME A	NU ADDRESS OF PA	SINGL	ETON FU	INERAL HOME			
	Hell Nesse	m Jums	nun	1 SEC	OND AVE.	, S.W.,GI	EN BURN	NIE,MD. 21061			
	23. PARTI/I. Emer the diseesea, or	complications that ceuse	d the death. Do								
	shock, or heart failure.	List only one ceuse on	each line.					interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death)	Cardio	gene	, NO	ven	aue	4	Low			
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Conversate the New constitutions	b. Acule	alle	nocon	deaf	rufa	rely	deep			
일	Sequentially list conditions, if any, leading to immediate										
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c.	0								
Ē.	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):							
CERTIFICATION	resulting in death) LAST	4									
8	PART II. Other significant conditions contributing to death but not/feeulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
AL	PART II. Other significant condition	ns contributing to death t	but not resulting	in the underlyin	g ceuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICAL	( Freeen 0	yo eurol	u ley	farce	79		2 DNO	COMPLETION DF CAUSE			
			1/				2 Upno	OF DEATH?			
Σ		4	V					1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						-				
<u> </u>	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Chi	ack only one)					
YS	1 VES 2 NO	1   Inpatient 2   ER/Out	patient 3 DOA		ne 5 🗆 Residence	6 Other (Specify)					
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		JURY AT ORK?	28d. DESCRIBE HO	W INJURY OCCU	RED			
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, tactory, offic	•	28t. LOCATION (Stre	et and Number or	Rural Route Number,			
COMPLETED	4 Homicide determined	autority, etc. (Ope	(City)			City or Town, St.	s(e)				
W	29a. CERTIFIER										
₽ I		SICIAN: To the best of my know									
S I	MEDICAL EXAMIN	gar pri the basis of examination	on and/gr.ameatigatio	In my opinion,	leath occured at the	time, data and place,	and due to the	cause(s) and manner as stated.			
шQ	296. SIGNATURE AND THEE OF CHRISTIN	19/1	/		29c. LICENSE NUN	IBER	29d, DATE S	HOSED (Mong), Day, War)			
@	XX	1 Steet	-		HOT	783	D 0	14/93			
9	30. NAME AND ADDRESS OF RERSON W	HO COMPLETED CAUSE OF DE	EATH OTEM 27 (No	, Print)	11/20	- 3	9	111			
	ANASTACIO E. SUBO	ONG, M.D./206	CRAIN H	TGHWAY 9	W/GLEN B	HIRNTE M.	ARYLAND	21061			
	31. DATE FILED (Month, Day, Year)				,,, only	OMILE, III	MILLIAND	ALUUI.			
10	0 1000	Julia Deviden	Bridge.								
10	AUG 0 6 1993	Internation -				La Compa					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22934

	1 - STATE OF MARY REGISTRAR		MENT OF HEALTH /		AL HYGIEN REG. NO		22934			
	1. DECEDENT'S NAME (First, Middle, Last) Elmer Amb		Tr.	Ava	135-05	-93	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  095-12-886112 M 2 F  98. FACILITY NAME (If not institution, give street and number)	73 YRS.	IF UNDER 1 YEAR IF UNDER 2 ONTHS DAYS HOURS	MIN. (Mo	E OF BIRTH rith, Day, Year)	20	B. BIRTHPLACE (State or Foreign Country)			
CTOR	ST JOSEPH HOSPITAL	/	Towgo			9c. COUNT	altimore			
DIRECTOR	Maryland Baltimore	10c. CITY,	TOWN OR LOCATION	OWN OR LOCATION						
FUNERAL	7012 Sherwood Road			101. ZIP CODE 10g. CITIZEN U						
84	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDEMS EVER FORCES? 1752 YES	IN U.S. ARMED 3 2 NO DATES	If yes, specify Cuben,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	Ine. Do NOT use	rk done during most of working retired.)	16	SINESS/INDUS					
M	2 years	Salesiia	n/Manager		Window		oors			
B	Edward Elmer Ambrose, Sr.	I m	Ed	na Wil						
2	Dolores G. Ambrose	7012 S	poress (Street and Number of herwood Road	Baltir	nore, M	aryla	nd 21239			
	1 M Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	b.PLACE AND DATE OF metery, cremetory or other arrison F	orest Vetera	ns 8-	lO Owi	ngs M	ills, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE SICENSEE  George p. Ferrarse		22. NAME AND ADDRESS Mitchell-W	iedefe:	ld Home	:	d. Balto. MD 21212			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due To (or As A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
MEDICAL CE	PART II. Other significent conditions contributing to deeth	the underlying ceuse glv	e underlying ceuse given in Part I. 24a. WAS PER 1   YES			24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER									
HYS	1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 288. DATE OF INJURY	28b. TIME			er (Specify)	NJURY OCCU	RED			
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJUR	Y — At home, farm, str	M 1   YES 2	WORK?						
COMPLETED	4 Homicide determined building, etc. (Specify)  City or Town, State)									
OMP	(Check only one)  2 MEOICAL EXAMINER: On the basis of examination									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  Choo	STAFF W	ID 29c. LICEN	SE NUMBER	2	29d. DATE S	BIGNEO (Month, Day, Year) 8-05-93			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	ST- JOS	EPH MOSPI	TAL						
1	31. DATE FILED (Month, Day, Year) AUG 0 9 1993  Fund Day down	- handell	-							



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DALIIMONE, MANTEAN	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	NG PHY	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marke
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY OF AR  3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)  4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)  6. AGE (In yrs. last birthday) F UNDER 1 YEAR B UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)  6. RET NSVILLE
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  80. COUNTY OF DEATH  80. COUNTY OF DEATH  80. COUNTY OF DEATH  80. COUNTY OF DEATH  80. COUNTY OF DEATH
DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?
BY FUNERAL	1323 EDEN STREET  11. MARITAL STATUS  1  Never Married 2 Married  1  VES 2 NO Specify:  1  VES 2 NO Specify:  1  VES 2 NO Specify:  1  VES 2 NO Specify:
	15. DECEDENT'S EDUCATION 166, DECEDENT'S USUAL OCCUPATION 166 KIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND OF BUSINESS (MIND
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  12 TH  DISABLED
BE COM	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Methar Surname)  LUI Q MAE BROWN
TO B	199. INFORMANT'S NAME (TyperPrint) RAFAEL WILLIAMS  195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stat., Zip Code) 6000 CROSS COUNTY BLVD.BALTIMORE, MD 21215
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donatton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition (Name of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition of Competing Proposition (Name of Competing Proposition Of Competing Proposition Of Competing Proposition Of Competing Proposition Of Competing Proposition (Name of Competing Proposition Of Competing Proposition Of Competing Proposition Of Competing Proposition Of Competing Proposition Of Competing Proposition Of Competing Proposition Of Competing Proposition Of Competing Proposition Of Competing Propositi
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH FH. 1101 E. NORTH AVE.
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Particul Between Onset and Death Oue TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  CAUSE (Final disease).  Due TO (OR AS A CONSEQUENCE OF):  C. Hoffy of MI dury hopdulyation X 2
CERTIFI	that initiated events resulting in death) LAST
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  EXAMINER?  HOSPITAL:  OTHER:
BY	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)  27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be building, atc. (Specify)  28a. OATE OF INJURY (Monty, Day, Year)  28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)
COMPLETED	29a. CERTIFIER (Check only one)  29a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
TO BE CC	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER
2	39 JAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  UMMS
	31. DATE FILEO (MONTH, Day, Your)  AUG 0 9 1993  32. REGISTRAT'S SIGNATURE  Julia Savidson Angles

20,E

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ITEMS: 23 PART I, II, 27, PER MEO G-702 8/16/93 t.t

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	D.C.	CHEC	10		2. DATE OF			EAR 3. TIM	E OF DEAT	тн
	RICHARD  4. SOCIAL SECURITY NUMBER		GUES,	JR	I de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	04	1993	9:		Рм	
	212-34-6169	1 🔀 M 2 🗆 F	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, E	25 - 3	37	BIRTHPLACE ( Country) MARYL		oreign	
	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF DE			9c. COUNTY		7110	
DIRECTOR	1238 PEARLEAF	CT.		BALTI	MORE						
3EC	10e. STATE 10b. COUNTY	r	10c.	CITY, TOWN OR LOCA	TION				10d. IN	SIDE CITY	r
	MARYLAND			BALTIM					11111	MITS?	NO
FUNERAL	100. STREET AND NUMBER 1256 YOUNG CTR			101	ZIP CODE				N OF WHAT CO		
S	11. MARITAL STATUS	12 WAS DECEDENT EVED	IN U.S. ARMED	13. WAS DEC	21202 ENDENT OF HISPAN	IIC ORIGIN?	Specify Yes	Or No.— 14	D ST/		
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	S 2X NO DATES	If yes, sp	ecify Cuben, Mexices 2 NO Specify	n, Puerto Rici	en, etc.)		Black, White, Specify:	etc.	V.1.1
	15. DECEDENT'S EDU	CATION	16a, DECEOF	NT'S USUAL OCCUPATIO	ON .	16h KI	IND OF BUS	INESS/INOUS	BLACK		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Cotlege (1-4 or 5 +)	(Give kind	d of work done during ma OT use retired.)	st of working	100.10	IND OF BOS	INESS/INOUS	INI		
MP	9 TH		UNEM	PLOYED							
	17. FATHER'S NAME (First, Middle, Last) RICHARD L. BO	GIIFS SP			18. MOTHER'S NAI						
) BE	19e. INFORMANT'S NAME (Type/Print)	00L3, 3K.	19b. MAI	LING ADDRESS (Street a					rde)		
5	ELAINE BOGUES			14 HONEY						21	043
	20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	oval from State C6	Ob. PLACE AND DA	ATE OF DISPOSITION /Na	me of	OATE	20c. LO	CATION - CIN	City or Town State		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	:ENSEE	AKBUIU	S ME MORI	AL PARK	18. 9	ARB	UTUS	MD		
	( See 1/2	Shelin	1		. MARCH		110	1 E.	NORTH		
NO	Sequentially list conditions,	a. ACUTE LOBAR P  OUE TO (OR AS	NEUMONIA	CE OF):					ie.	pproximaterval B	etween
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
AL C	PART li. Other aignificant condition	a contributing to deeth	but not resulti	ing in the underlying	cauae given in i	Part i. 24	Is. WAS AN		24b. WERE A		
SIG	ATHEROSCLEROTIC CAR	DIOVASCULAR DI	SEASE			_   1	WES 2			LE PRIOR ETION OF C TH?	
M	CHRONIC NARCOTISM					_			16 YI	ES 2 🗌 I	NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Che	ack anly one)					
SIC	EXAMINER?  1 XYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	tpatient 3 🗆 DO	OTHER:	e 5 ty Residence		Specify)				
F	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		TIME OF 28c. INJ				JURY OCCUR	EO		
B	2 Accident Investigation	200 DI ACE OF IN ILIE	IV. Al home for		rES 2 NO						
3 Suicide a Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								nber,			
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know	wledge, death oc	curred at the time, date	end place, end due	to the ceuse	(s) end man	ner ee stated.			
ŏ.		R: On the basis of examination							suse(e) end ma	inner as s	teted.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	7 00.			29c. LICENSE NUM	IBER			IGNED (Month,		
5	30. NAME AND ADDRESS OF PERSON WHITE	( little is	MATH ATTEN ATT	Toron Defeat)	O.C.M.	E		▶ 08	-05-1	993	
	The state of Feriod Williams	- JOHN CETED GAUSE OF D		Penn Str	eet. Ra	ltim	ore.	Marv	land	21	201
	31. DATE FILEO (Month, Day, Year)  ALIG Q Q 1003	. REGISTRAR'S SIG		L	224, 24						

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X—X—Vir after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)  CATHERINE TRIBBY BARGER  2. DATE OF DEATH MONTH DAY AUGUST 5, 1993 7:35 am													
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest					IF UNDER 1 YEAR IF UNDER 24 HRS.						PLACE (State or Foreign		
	220-34-0506 1 M 2 1 79				YRS.	MONTHS	Month, D			(Month, Day 11-8	(, Year)	14	Countr	y ryland
	9a. FACILITY NAME (If not in	stitution, give at	reet and number)	<u> </u>		9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	ATH		9c, COU	NTY OF D	EATH
NO B	Williamspo	ort N	urs Hom	e		W	i11	iams	por	t		Was	hin	gton Co
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY				I 10c CIT	V TOWN	OR LOCA	TION						10d, INSIDE CITY
Ĕ l	Maryland Washington Co							spoi	ct					LIMITS?
	10e. STREET AND NUMBER		N Artiz			7		. ZIP COD				10g. CIT	IZEN OF W	WHAT COUNTRY?
FUNERAL	Williamsp				eet				2 1	795			US	A
5	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DE	ENDENT C	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	— American Indian,
BY F	1 Never Married 2   3   X Widowed 4   Divo				NO							"White		
- 4		EDENT'S EDU	CATION	16a D	ECEDENT'S	IISHAL (	OCCUPATI	ON		165 KIM	n of Bus	SINESS/INI		
	(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5	<u>(</u>	Give kind of fe. Do NOT u	work done	during me	est of workli	ng		orar		DOSTRI	
7	Elementary Cookings (	,	Conlege (1-4 of 5	"					1177	JI al	Lan			
COMPLETED	17. FATHER'S NAME (First, M									ME (First, Middle				
BE	William	Trib	ррА							Eliz			1	
5	19a. INFORMANT'S NAME (7 Kay Barge:									ilver				MD 20906
	20e. METHOD OF DISPOSIT 1	n 3 🗆 Rem	oval from Stata	20b. PLACI		SITION (A	SITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stata					wn, Stata		
	21. SIGNATURE OF FUNERA	SIGNATURE OF FUNERAL SERVICE LICENSEE ROnald Wad					_							
	Doepl a	B. %	en for	7		6	555 W	.Ba	ltim	orest	,Ba	lto	, MD2	1201
	23. PART i. Enter the d	iseasea, pr	omplications the	at caused the c	leath. Do	nDt ante	r the m	ode of dy	ing, sucl	n as cardiac	Dr respi	ratory ar	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Fir		Liot biny bina ca	ado Dii dadii iii										Onset and Death
	disease or condition													
_	DUE TO (OR AS A CONSEQUENCE OF): SECONDARY TO MENINGIOMA													
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate  b. DUE TO (OR AS A CONSEQUENCE OF):													
SA	cause. Enter UNDERLY CAUSE (Disease or inju	ING	G											
E	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONS	EOUENCE C	OF):								
5	d													
AL.	PART ii. Other aignifica	nt condition	a contributing to	death but not	reaulting	in tha u	ınderiyir	g cause	given in	Part I. 24	. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20									1 _ YES 2 X NO			COMPLETION OF CAUSE DF DEATH?		
ME						_								1 - YES 2 X NO
AN	25, WAS CASE REFERRED T	O MEDICAL						1 405 05 1	DE ATM COL					
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	SD/Outpetient	2 🗆 DOA	ОТНЕ				6 C Other (Sp				
H	27. MANNER OF DEATH		26a. DATE O	FINJURY	26b. TII	ME OF	26c, IN	JURY AT	esidence	26d. DESCRI		NJURY O	CCURED	
ВУ Р		Pending Investigation	(Month,	Day, Year)	I IN	JURY		ORK? YES 2	NO					
	3 Suicide 8	Could not be	28e. PLACE	OF INJURY — At I	home, farm,	street, fa	ctory, offi	ce		281. LOCATIO	N (Street	and Numbe	er or Rural	Route Number,
EIE	4 Homicide	datarmined												
COMPLETED	one)		ICIAN: To the best of											a) and menner as stated.
BE C	29b. SIGNATURE AND TITLE	OF CENTIFIE	n 14	<u> </u>					D 33					O (Month, Day, Year) IST 5, 1993
5	30. NAME AND ADDRESS O	F PERSON WI	IO COMPLETED CAI	USE OF DEATH (IT	TEM 27) (Typ	e, Print)	1122							, -,-
			we, 1810			ie, C	THE	, FIII	200	J.L				
	AUG 9 199	//	32. REGISTA	AR'S SIGNATURE										

FOR STATE REGISTRAR

JOHN

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

W.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

BROWNLEY

3. TIME OF DEATH

A M

7:10

Approximate intervai Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE

93

REG. NO.

04

2. DATE OF OEATH DAY

08

		per
BALTIMORE, MARYLAND 21215-0020	th certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per
Σ,	e rel	6 5
<b>BALTIMORE</b> ,	rs after death. Page 6 may b	n by the funeral director, pag-
	4 nou	filled I
P.O. BOX 68760,	ate be executed within 2	ysician and completely
P.O. E	th certifica	ending phy

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	t birthday)	IF UNDER 1	YEAR	IF UNDER 2	4 HRS.	7. DATE OF B	IRTH		S. BIRTH	PLACE (State or Foreign
_		214-54-9697	1 🖳 M 2 🗆 F	40	YRS.	MONTHS	DAY8	HOURS	MIN.	12-	8-5	2	Country	ďa
hould		9a. FACILITY NAME (If not institution, give s	treet end number)	- 10		9b. CITY, T	OWN (	OR LOCATION	OF DEAT		_		NTY OF DE	
020 physician. burial-transit permit. Pages 1, 2, 3 should	5	DATABECO BIVE	D /MTDDI	E DDAM	יני			IMORE						
7 2	5	PATAPSCO RIVE		E DRAIN	JII	DA.	Ц.	IMORE				L		
sage	DIRECTOR	10e. STATE 10b. COUNTY	1			Y, TOWN OR		ION						10d. INSIDE CITY LIMITS?
J. J.		Md			I	Balto								XX YES 2 NO
per	₹ Z	100. STREET AND NUMBER					101	. ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?
an. ransit	寧	717 Deacon	Hill C	<b>.</b>				2122	5			Ţ	J.S.	Α.
20 ysicia	FUNER	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. AR	MED	13, WA	S DEC	ENDENT OF	HISPANIC	ORIGIN? (Sp Puerto Rican	ecify Yes	or No-	14. RACE	- American Indian, White, etc.
5-0020 inding physic as the burial	B≺	3 Widowed 4 Divorced	IF YES, GIVE	YYES 2 N		1 [	YES	2 XNO	Specify:	ruetto rican	, •••••)		Specif	y:
		15. DECEDENT'S EDUC	CATION	160 DE	CEDENTIA	USUAL OCC	4404714			I may be seen				Black
- 5 3		(Specify only highest grade	completed)	(Gi	ive kind of v	vork done dur	ring mo	st of working		16b. KINI	OF BUS	INESS/INO	USTRY	
ND 2 hospital	3	Elementary/Secondary (0-12)	College (1-4 or 5	•)										
YLAND by the hospit be detached	once. COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18 MOTHE	D'C NAME	(First, Middle	Administra	Company)		
YLA by the be det		John Wallace	SR.					Ru			ris	,		
MARYLAND retained by the hospit 5 should be detached	BE BE	19e. INFORMANT'S NAME (Type/Print)	S. S.	198	MAILING	ADDRESS /	Stroat a			ute Number, Ci			Carlot	
M/retail	TO BE	Deborah	Pringle					ig Rd						
2 8	2	26a. METHOD OF DISPOSITION 1 1 D Buria 2 Cremation 3 Rema		20b. PLACE					A	ptE		CATION -		
6 mg	18	1 Densition 5 Other (Specify)	ovel/from State	Garen 1					ր 8	1093	Ov.	vinas	Mi]	1s. Md
Page I dire	5	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRESS				90		13, 114
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.	examiner must	( 10 a # 5	Kin no	To		1								
BA ter de the f	<u>×</u>	JEW ME /1-	TO MY SOV	7 JR.						est 4				Ave
5 = 5	medical	23. PAFT I. Enter the disesses, or o shock, pr heert feilure.	Dmplications the	t caused the de	eth. Do n	ot enter th	e mo	de of dylng	g, such	ss cerdiec	or respi	ratory err	est,	Approximate
		IMMEDIATE CAUSE (Final												Onset and Dec
within 24 Tpletely fills cremation.	<u>-</u>	diseese/or condition resulting in death)	. NARCOTIC	INTOXICA	TION ,	AND DRO	INW	NG						
ted within completely ial, cremati	BVe.		DUE TO	(OR AS A CONSEC	DUENCE OF	7):								-
executed within and completely o burial, creman	other traumatic event, the TIFICATION	Sequentially list conditions,	b											
be ex	r other traumatic	if sny, lesding to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	7):								
BOX ficate be ex physician and ne prior to	를 할	CAUSE (Disease or Injury	-											
certificate nding physiene pri		thet initiated events resulting in death) LAST	DUE 10	(OR AS A CONSEC	DUENCE OF	7):								
O = 5 -	111	rooming in dominy Exer	d											
S = = S	23	PART II. Other significant condition	s contributing to	deeth but not re	esulting i	n the unde	erivino	ceuse giv	ren in Pe	ert i. 24a.	WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDING
RECORD requires that the seen signed by th	MEDICAL								71104		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
RECOlementer of Health of	E B									_ 1 1	YES 2	□ NO		OF DEATH?
R requ	g ≥									-				1 YES 2 NO
L law	CIAN:	25. WAS CASE REFERRED TO MEDICAL					20 04	105.05.05.	T11 (0)					
一 产	E E	EXAMINER? XXYES 2 \( \square\) NO	HOSPITAL:	59/0		OTHER:		ACE OF OEA						
F V	PHYSIC	27. MANNER OF OEATH	1 Inpatient 2 I		28b, TIME			e 5 □ Resk		Other (Spe				RIVER
O \( \frac{1}{2} \) \( \frac{1}{2} \)		1 Netural Strending	FORMON, D	ay, Year)	INJ	JRY	WO	RK?				IJUHY OCC	UHED	
ON OING After death		2 Accident Investigation	8-4-93 28e PLACE O	F INJURY — At hor	UNKNO	MIM		-		JNKNOWN				
DIVISION OR ATTENDING F OIRECTOR: After t hours after death	28 ks	3 Suicide 6 Could not be 4 Homicide determined	bullaing,	etc. (Specify)	ine, ierm, s	treet, rectory	, omc	•	2	City or Tow	rn, Stete)	nd Number PATAPS	CO RI	VER/MIDDLE
DIVISION OR ATTENUORS after hours after	Item 2	29e. CERTIFIER		IN WATER			_			BRANCH				YLAND
A K O K	COMPLET	(Check only 1 CEHTIFYING PHYSIC	CIAN: To the best of	my knowledge, der	ath occurre	d at the time	, date	end piece, e	nd due to	the cause(e)	end man	ner ee state	id.	
JSP17		one) 2 MEDICAL EXAMINE	R: On the basis of s	camination end/or is	nvestigatio	n, in my opin	nion, d	eath occured	at the tin	ne, date end p	place, end	due to the	) Ceuse(e)	end manner ee stated.
表 市 20 天 写 :	BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	V/					29c. LICENS	SE NUMBI	R		29d. DATE	SIGNEO	(Month, Day, Year)
TO THE HOSPITAL OF THE FUNERAL OF THE MICH TO THE TO THE FUNERAL OF THE MICH WITHIN 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a mithin 72 had a m	M B	Hayone mel	Inell					0.0	С.М.	E.		▶ 8	/4/9	93
	7 €	30. NAME AND ADDRESS OF PERSON WHO			1 27) (Type,	Print)		_	-					
	12	MAUSPRIM N.IC	orull 1	W) 111	Pen	n St	re	et, E	Balt	imor	e, I	Mary	lan	d 21201
	+	31. DATE FILED (Month, Day, Year)	22. REGISTRA	R'S SIGNATURE										
		AUG 0 9 1993	Julia Dev	down- Band	all.									

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	_	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Lest)  BROWN  2. DATE OF DEATH MONTH  AND 2 2 93  3. TIME OF DEATH  MONTH  BROWN
pje pje		4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. lost birthday)  F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Month, Day, Yolar)  YRS.   MONTHS   DAYS   HOURS   MIN.   Y - 20 - 07   M. d.    8. BIRTHPLACE (State or, Foreign Country)
2, 3 should	CTOR	So. FACILITY NAME (If not institution, give street and number) No thwest Medical Center  So. COUNTY OF DEATH, Balto
	DIREC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY LIMITS?  1   YES 2   NO
M	FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY  2/2 07  105. A
YLAND 21215-0020 by the hospital or attending physician be detached for use as the burial-tra at once.	BY FUN	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, 15. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. PROCES? 1
21215 at or attend for use as	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use marked.)  16b. KIND OF BUSINESS/INDUSTRY
ND 21 hospital or tached for	<u> </u>	12th 4y/s leacher
RYLAND ed by the hospitud be detached	BE CO	17-FATHER'S NAME (First, Middle, Lest)  Tenry Hall  18. MOTHER'S NAME (First, Middle, Meiden Sumants)  One (a Hall
MA retain 5 sho	TO E	196. INFORMANT'S NAME ProperPrint Anderson 1917 Woodlawn Dr. Balto M.D. 2120
BALTIMORE, I ter death. Page 6 may be the funeral director, page yval.		20s. METHOD OF DISPOSITION 1 A Suriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, Femejery, F
death. Page 6 ma e funeral director, p. I.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  2 MAME AND ADDRESS OF FACILITY  2 MAME AND ADDRESS OF FACILITY  WEST
after after by the moval		23. PART I. Enter tha diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
tion,		shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CNGSTWE HERE FART FART FART DUE TO (OR AS A CONSCOURNCE OF):
687 precuted and con burial,	NO	Sequentially list conditions, DIET OF AS A CONSEQUENCE OF
OS, P.O. BOX 68 the death certificate be execut the attending physician and Mental Hyglene prior to buria njury, or other traumatte.	FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events  DUE TO (OR AS A CONSEQUENCE OF):
O THE	CERTIFIC	resulting in death) LAST  d. ASPIRATION PNEhmoniA
V and V	EDIC	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PROPINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Σ	1
VITAL IAN: The law tificate has te State Depo	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO
O 表 语 差 3		27. MANNER OF DEATH  1
S FEE S	TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
Z ZZ =	COMPLET	29s. CERTIFIER (Check only one)  20 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
분 분 를 <b>등</b>	BE CO	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
2 2 3 2	5	A SULTA CU HOUR DASS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM) Print)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM) Print)
	11	OKETWA, AUTUW. NONTHWEST HOSD. GINTEN. 1401 DLO WINT RD.
	7	AUG 0 9 1993

· contract of

		vermination 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL DR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit remaining 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RE	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law req	TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of	IMPORTANT: If item 28 is marked, or item 23 sho

1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH Jessie Jackson Bush 1993 8 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year 561-13-4537 33 DAYS 1 🖄 M 2 🗆 F YRS. 12-8-1959 Colorado Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2200 Block of Lincoln Avenue Baltimore Edgemere RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Edgemere 1 TYES 2 KNO 10a. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 7358 Geise Avenue 21219 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE — American Indian, Bleck, White, atc. 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced White Mexican COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 8+) 8th Grade Optic Graphic Maintenance 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Betty Lou Bush Vernie Martinez **BE** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Mrs. Anna Marie Bush 7358 Geise Avenue Edgemere. Maryland 20s. METHOD OF DISPOSITION
1 ☐ Buriel 2 ♣ Cremation 3 ☐ Removal from State
4 ☐ Donation 8 ☐ Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE employ cramptory or other place) ice Corp. 8/6/93 Towson, Maryland 21. SIGNATURE OF THERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or near failure. Liet only one cause on each line. Approximeta Interval Bety IMMEDIATE CAUSE (Finel Onset and Death hangm diseese or condition resulting in death) DUE TOR AS A CONSEQUENCE OF): 4 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY epublica 1 YES 2 NO OF DEATH? 1 TES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF INJURY 26d. DESCRIBE HOW INJURY DECURED 28c. INJURY AT WORK? 1 Netural 1 YES 2 NO 12/93 1450 M BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Soech) 281. LOCATION (Street and NU nber or Rural Route Number, 3 Suicide COMPLETED 6 Could not be determined owa state) block Lincoln Ave 2121'9 4 🔲 Homicide 2200 Garage 29a. CERTIFIER 21219 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the be ition and/or investigation, in my opinion, death occured at the tima, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE DF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE J. C woldow winder 007632 8-4-9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) J. C. ODONOVAN. DUNDAL 2112 K AVE. mb AUG 0 9 1993 32. REGISTRAR'S SIGNATURE

rule Devidon Pandelle

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely well in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DE	PARTMEN	IT OF H	EALTH AND	MENTAL HYGIEN		26341
	1. DECEDENT'S NAME (First, Middle, Last)	ARTHUR	SKINNER		-		2. DATE OF DEATH	6, 1992	R 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birt		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1, BI	RTHPLACE (State or Foreign
	217-26-9296	1 🔀 M 2 🗌 F	75 ·	ras. Months	DAYS	HOURS MIN.	Sept. 21,	.1917 M	laryland
	9e. FACILITY NAME (If not institution, give s	street and number)		9b. Cl	ry, town (	R LOCATION OF D	EATH	9c. COUNTY O	F DEATH
OH	G.B.M.C.			7	owso	n		Baltim	ore
2	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	γ	140	c. CITY, TOWN	OD 1004	100			
DIRECTOR		timore		Tows		ION			10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				100	ZIP CODE		40 OUTSTEN	1 YES 20 NO
FUNERAL	145 Versaille Cir	cle . Ant.	D			21204		U.S.	
N	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	11			NIC ORIGIN? (Specify Ye		ACE — American Indian.
	1 Never Married 2 Merried	FORCES? 1 Y Y	ES 2 NO		If yes, ap	2 X NO Specif	in, Puerto Rican, atc.)	8	lleck, White, etc.
ВУ	3 Wildowed 4 Divorced	WWI			1 163	ZA) NO Specif	у.	Wh	nite
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18s. DECED	ENT'S USUAL	OCCUPATIO	ON et of working	16b. KIND OF BU	SINESS/INDUSTR	Υ
E	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use retired		ate of M	d. F. B.	т	
MP		4	THVES	Ligati	)I - SC	ace of h	d. F. D.	Τ.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maider	Sumame)	
BE	C. N.	Benne				Flore			nner
0	19s. INFORMANT'S NAME (Type/Print)						Route Number, City or Tov	vn, State, Zip Code;	
	Mrs. Minnie B. Be	nnett	9	ame as	#10	a - #10f			
	20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☑ Cremation 3 ☐ Rem		20b. PLACE AND I				DATE 20c. LC	CATION — City of	r Town, State
0.00	4 Donation 5 Other (Spychy)  21. SIGNATURE OF FUNERAL SERVICE LIE	# /	Hillton			p. 8-10		vson, Ma	ryland
	11. SIGNATURE OF FUNERAL GERVICE LE	TELT ELT				D ADDRESS OF FA	cury uneral Hor	ne. Inc.	
	Ernest/L/Fe	ist III					, Towson,	*	
	23. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ASC	sed the death.	)	or the mo	de of dying, suc	h as cerdiec or reep	iratory srrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	S A CONSEQUEN	Ť					
PHYSICIAN: MEDICAL (	PART II. Other significant condition	s contributing to deet	but not resul	iting in the u	inderlying	cause given in	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
2	25. WAS CASE REFERENCE TO MEDICAL EXAMINERY	HOSPITAL:		OTHE		ACE OF DEATH (Ch	eck only one)		
YS	1 € YES 2 □ NO	1 Inputient 2 PERIO				5 🗆 Residence	8 Other (Specify)		
ᄑ	27. MANNER OF DEXTH  1 Natural 5 Pending	(Month, Day, Yea	r) 28	b. TIME OF INJURY	28c, INJ WO		28d. DESCRIBE HOW	NJURY OCCURED	
B	2 Accident Investigation			М		ES 2 NO			
	3 Suicide 8 Could not be datermined	28s. PLACE OF INJU- building, atc. (S	IRY — Al home, 1 pecify)	farm, street, fa	ctory, office		281. LOCATION (Street City or Town, State)	and Number or Rur	al Route Number,
COMPLETED	296. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 Medical Examine	CIAN: To the best of my kn	owledge, death o	ccurred at the	Ilme, data	and place, and due	Io the cause(e) end me lime, data and place, ar	nner so stated.	e(s) and manner so stated.
TO BE (	299. SIGNATURE AND TITLE OF CERTIFIES  30. NAME AND ADDRESS OF PERSON WH	Oslas	CALL (ITEM 27)	Ella (Type, Print)		D-093	MBER	≥ 8	(Month, May Year)
20	31. DATE FILED (Month, Day, Year) AUG 0 9 1993	32. pegistran's s	2/mi	) -H	084	proper	Apose.	Thite	moter Hilly

BALTIMORE, MARYLAND 21215-0020	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
	24 ho
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed with
DIVISION OF VIT	PITAL OR ATTENDING PHYSICIAN: TI
	FEG
16	吏

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

# 2291.2

1. DECEDENT'S NAME (First, Middle, La	31)						2. DATE O	OF DEATH	W	YEAR	3. TIME OF DEATH
Edith Colla	Bagliani				145			gust "	4	93	12:45 A.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest b	irthday)	IF UNDER 1 YE			7. DATE O	F BIRTH Day, Year)		6. BIRT	THPLACE (State or Foreign
218-32-3798	1 □ M 2 🛣 F	84	YRS.	WOWITHS DAY	HOURS	MIN.		/5/09			ew Jersey
Se. FACILITY NAME (If not institution, gr	ve street and number)		1-1-2	9b. CITY, TOY	N OR LOCATI	ON OF DE		2,00	9c. CO	UNTY OF	
3808 Greenway				Bal+	imore	City					
RESIDENCE OF DECEDENT					277	CICY					
10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
Maryland			В	altimo	re Cit	У					1 YES 2 NO
10e. STREET AND NUMBER					10f. ZIP COD	E			10g. CI	TIZEN OF	WHAT COUNTRY?
3808 Greenway					21	218				U.	S.A.
11. MARITAL STATUS		NT EVER IN U.S. ARMI			DECENDENT C				or No-	14. RAC	CE — American Indian, ck, Whita, atc.
1 Never Married 2 Married 3 X Widowed 4 Divorced		WAR OR DATES			YES 2 NO			cert, etc.)		Spe	elfy:
											White
15. DECEOENT'S ( Specify only highest g	EDUCATION rade completed)	(Give	kind of	Work done during	ATION most of working	ng	16b. I	KIND OF BUS	SINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) // // // // // // // // // // // // //		se retired.)							
12			Dis	tribut				Elect			
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAM		iddle, Maiden	Sumame)		
Medardo Co.	lla					lary		verso			-
19a. INFORMANT'S NAME (Type/Print)		19b. I		ADDRESS (Str							21042
Mrs. Teresa B.	Thyberg		102	00 Lit	tle Br	ick :	House	e Ct.	Elli	cott	t City , Mo
20a. METHOD OF DISPOSITION 5 Burlei 2 Cremation 3 F	emovel from State	20b. PLACE AN	DDATE	OF DISPOSITION	Neme of		OATE	20c. LO	CATION -	- City or 1	Town, State
4 Donation 5 Other (Specify)		Connectory, Cremis	STUTY OF O	middle middle i		0	17 100	3 7 7	4-	407	
		_ New /Ca	the	dral C	emeter	y 8	11/93	Bal	LO.	Ma.	
21. SIGNATURE OF FUNERAL SURVICE		New /Ca	the		emeter		CILITY				27.00.
		I New /Ca	the	22. NAM	AND ADDRE	SS OF FAC	IC	)50 Yo	ork I	Rd. 2	
21. SIGNATURE OF FUNERAL SURVINGE	Scenses 1	h		22. HAM	ck Tow	ss of fac	10 Funer	050 Yo	ork I	Rd. 2	
	Dr. Cempel	at caused the deat		22. HAM	ck Tow	ss of fac	10 Funer	050 Yo	ork I	Rd. 2	Approximate
23. PART I. Enter the diseases, ahook, or heart fallu	Dr. Cempel	at caused the deat		22. HAM	ck Tow	ss of fac	10 Funer	050 Yo	ork I	Rd. 2	Approximate Interval Between
21. SIGNATURE OF FUNERAL SUPPLIES 23. PART I. Enter the diseases, ahock, or heart fallu	or complications the	at caused the deat use on each lina.	h. Do i	Ru Ru not anter tha	ck Tow	ss of fac	10 Funer	050 Yo	ork I	Rd. 2	Approximate Interval Between Onset and Da
23. PART I. Enter the disease, ahock, or heart fallu immediate CAUSE (Final disease or condition	or complications the	at caused the deat	h. Do i	Ru Ru not anter tha	ck Tow	ss of fac	10 Funer	050 Yo	ork I	Rd. 2	
23. PART I. Enter the diseases, ahock, or heart fallu iMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications the List only one ca	at caused the deat use on each lina.	h. Do i	Ru not anter tha	ck Tow	ss of fac	10 Funer	050 Yo	ork I	Rd. 2	Approximate Interval Betwee Onset and Da
23. PART I. Enter the disease, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	or complications the List only one ca	at caused the deat use on each lina.	h. Do i	Ru not anter tha	ck Tow	ss of fac	10 Funer	050 Yo	ork I	Rd. 2	Approximate Interval Betwee Onset and Da
23. PART I. Enter the diseases, abock, or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	at caused the deat use on each lina.  Comment Do OR AS A CONSEOU  O OR AS A CONSEOU	ENCE O	Ru Ru not anter tha	ck Tow	ss of fac	10 Funer	050 Yo	ork I	Rd. 2	Approximate Interval Betwee Onset and Da
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23. PART f. Enter the diseases, abook, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a	at caused the deat use on each lina.  CAMMEN DO OR AS A CONSEOU  O OR AS A CONSEOU  O OR AS A CONSEOU	ENCE O	Ru Ru Ru Fr:	CK TOW	SON Ing, auch	10 Funer	050 Yo	ork I	Rd. 2 Inc.	Approximate Interval Betwee Onset and Da
21. SIGNATURE OF FUNERAL SEPTING 23. PART I. Enter the diseases, ahock, or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other aignificant conditions.	a. DUE TO  b. DUE TO  c. DUE TO  d	at caused the deat use on each lina.  O (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS	ENCE O	Ru Ru Ru Fr:	CK TOW	SON Ing, auch	10 Funer h aa cerdi	24e. WAS AN PERFOR	ork I	Rd. 2 Inc.	Approximate Interval Between Onset and Da
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21. SIGNATURE OF FUNERAL SEPTING 23. PART I. Enter the diseases, ahock, or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other aignificant conditions.	a. DUE TO  b. DUE TO  c. DUE TO  d	at caused the deat use on each lina.  O (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS A CONSEOU D) (OR AS	ENCE O	Ru Ru Ru Fr:	CK TOW	SON Ing, auch	10 Funer h aa cerdi	24e. WAS AN PERFOR	ork I	Rd. 2 Inc.	Approximate Interval Betwee Onset and Da
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23. PART I. Enter the diseases, ahock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions in the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. 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by the hospital or attending any angle of any	be detached for use a the beat transfer parent. Pages 1.2.3 sho		at once.
certificate be executed within 24 hours after death. Page 6 may be retained by	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ir other traumatic event, the medical examiner must be notified a
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the atten	be filed within 72 hours after death with the State Dept. of Health and Mental I	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215, 6020

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFIC	CATE OF	DEATH	REC	S. NO.		
	1. DECEDENT'S NAME (First, Middle	, Last)					2. DATE OF DE	ATH		3. TIME OF DEATH
	JAMES W	CALFEE Jr.					MONTH	DAY	YEAR	
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest bir		F UNDER 1 YEAR		- 8	6	93	8:45 P M
	TO SOURCE SESSION TO HOMBEN			and and	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, )		Country	PLACE (State or Foreign
	236-05-6997	1 M 2 D F	77	YRS.	The second		08/29/	15	Wes	ť Virginia
- 8	9a. FACILITY NAME (If not institution	, give street and number)		9	b. CITY, TOWN C	R LOCATION OF DI			UNTY OF DE	
Œ	ST. AGNES HO	SPITAI			DAIT	MORE MD			DAIDI	MODE
6	RESIDENCE OF DECEDE				DALI.	HOKE HD			BALTI	MORE
8		COUNTY	10	De. CITY 1	TOWN OR LOCAT	ION				10d. INSIDE CITY
E	n MD Ba	1 4 4				1511				LIMITS?
- 4		1timore				Baltimor	e			1 YES 2 X NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER				101	ZIP CODE		10g. CI	FIZEN OF W	HAT COUNTRY?
<b>E</b>	3215 Tar	rarian Court				04007				
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띠	1 Never Married 2 J Marrie	12. WAS DECEDENT   FORCES? 1	YES 2 NO		If yes, spe	city Cuban, Mexica	n, Puarto Rican, e	tc.)	14. RACE Black	— American Indian, , White, aic.
B	3 Widowed 4 Divorced	IF YES, GIVE WAF			1 TYES	2 NO Specify	<i>r</i> :		Specif	white
		l www.	TT						<u> </u>	wiiire
回	15. DECEDENT (Specify only highes	'S EDUCATION If grade completed)	18a, DECED	ENT'S US	UAL OCCUPATIO	N et of weeking	16b. KIND (	OF BUSINESS/IN	DUSTRY	
m	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use n	k done during mos etired.)	n or working				
<u>ब</u>	11		wan	cehou	ıse man	ager	Che	mical M	fanuf:	acturing
COMPLETED	17. FATHER'S NAME (First, Middle, L.	net)								acturing
ŭ		112					ME (First, Middle, A	,		
BE	James W. CAL					Aline	JAMATT	ON		
	19a. INFORMANT'S NAME (Type/Prin	()	19b. M.	AJLING AD	ODRESS (Street a	nd Number or Rural i	Poute Number, City	or Town, State, Zi	ip Code)	
임	Opal Calfee			3215	Tartar	ian Ct,	Baltimo	re. MD	2122	27
	20a. METHOD OF DISPOSITION								-	
	1 Surial 2 Cremation 3		20b. PLACE AND cemetery, cremato	ry or other	place)			Oc. LOCATION —		
	4 Donation 5 Other (Specify		Md. Vete	rans	s Cem-C	rownsvil	1e8/11	Crowsn	ville	e, MD
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	1		22. NAME AN	D ADDRESS OF FA	CILITY			
(	M _//	2.11/1/			HUBBA	RD FUNER	AL HOME	, INC.		
	11. 118	af cocan	an			Wilkens				21229
	23. PART I. Enter the disease	e, or complicatione that of	aused the deeth	Do not	enter the mod	de of dying, suc	h as cerdlec or	reepiratory as	rrest,	Approximsta
	enock, or neert re	llure. List only one cause	on each line.							Interval Between
	IMMEDIATE CAUSE (Final disease or condition									Onset and Death
	resulting in death)	BILA	TERAL PU	LMON	ARY EME	BOLT				1 day
ł		DUE TO (O	AS A CONSEQUE	NCE OF):						uay
z										
의	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUE	NCE OF):					-	
₹	cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury	C. DHE TO (O	R AS A CONSEQUE	ICE OF						<u> </u>
ĒI	that initiated events resulting in death) LAST	) 01 200	TAS A CONSCORE	TOE OF J.						
뚭┃		d								
	PART II. Other eignificent con	ditions contribution to de	ath had and	tol t						
⋠∥	PART II. Other eigninicent con	contributing to de	eeth but not resu	iting in t	the underlying	cause given in	Part I. 24s, W	AS AN AUTOPSY ERFORMED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
EDICAL	CARCINOMA	OF THE BLADD	ER					ES 2   NO		COMPLETION OF CAUSE
∐ٰٰ							_	20 10		OF DEATHY
≥							_			1 PYES 2 NO
3										
3 I	25. WAS CASE REFERRED TO MEDI- EXAMINER?					ACE OF DEATH (Chi	ock only one)			
ळ	1 TES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 [		THER:	5 🗆 Residence	8 Other (Specif	(v)		
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF IN		b. TIME O			28d. DESCRIBE		OCUPEO	
	1 V Natural 5 Pending	(Month, Day,		INJUR	Y WOI	PK?	Zed, DEŞCHIBE I	HOW INJURY OC	COMED	
à	2 Accident Investig	ation				ES 2 NO				
	3 Suicide 8 Could n	28e. PLACE OF II building, ato	NJURY - At home,	farm, atrac	et, factory, office		28I. LOCATION (	Street and Numbe	r or Rural A	oute Number,
띧 1	4  Homicide detarmit	fied	a (Openly)				City or Town,	State)		
COMPLETED	29a. CERTIFIER									
≣∥	(Check only	PHYSICIAN: To the best of my								
f I	one) 2 MEDICAL EX	AMINER: On the beats of exer	nination and/or inves	tigation, i	n my opinion, de	ath occured at the	time, deta and pla	ce, and due to I	he cause(s)	and manner as stated.
	29b, SIGNATURE AND TITLE OF CEI									
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2		The				D 308	302		80	/07/93
	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE	OF DEATH (ITEM 27	(Type, Pri	int)					
	JEAN M. COLAN	DREA, M.D.	ST ACM	ES U	OSPITAI	900 S.	Catan	A110 2000	0.4	229
	31. DATE FILED (Month, Day, Year)	MAZ. REGISTRAR'S	SIGNATURE	וו טבו	OSTITAL	700 5.	Gaton	avenue	21	449
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109										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

Primari permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR	0	C	ERTIF	ICATE	OF	DEATH	MICH	REG.		5				
	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATI	н		Sec. (55)	3. TIME	OF DEATH	
	JAMES N.		CIA	NOS 3	3rd			70	181	V	7	53	4:1	.5	$A_{M}$
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER 24 HRS.		TE OF BIRTH			6. BIRTH	PLACE (S	State or Fore	oign
	218-17-4659	1 🙀 M 2 🗌 F	11	YAS.	MONTHS	DAYS	HOURS MIN.	10	onth, Day, Yea 19	8	1	Ma	ຫ <b>r</b> yla	nd	
	9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY,	TOWN C	R LOCATION OF D			Ť		NTY OF D			
DIRECTOR	RTE.695 NEAR E	XIT 43									BAL'	TIMO	ORE	COU	YTV
Ĕ I	10e. STATE 10b. COUNTY			10c, CIT	Y, TOWN O	R LOCAT	ION						10d, INS	IDE CITY	
	Maryland Cari	roll		S	ykest	vill	e						LIM	NTS?	10
	10e. STREET AND NUMBER					_	ZIP CODE				10a, CITI	IZEN OF V			
	512 Piney Run Ct.					2	1784			- 1		.S.A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13. \		ENDENT OF HISPA	NIC OBI	GIN? (Specify	. You				icen Indian	
BYF	1 A Never Married 2 Married 3 Divorced	FORCES? 1	YES 2 NAR OR DATES	Жю	- 81	t yes, spe	2 NO Speci	en, Puer	to Rican, etc.	)		Black	white.	etc.	٠,
3	15. DECEDENT'S EOUC (Specify only highest grade	ATION	18e. C	ECEDENT'S	USUAL OC	CCUPATIO	N .		16b. KINO OF	BUS	INESS/INE	OUSTRY			-
ا بتا	Elementary/Secondary (0-12)	Completed) College (1-4 or 5		'Give kind of te. Do NOT u	work done a se retired.)	furing mo.	st of working								
Ĭ	7			stude	nt										
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S NA	AME (Fir	st, Middle, Mei	iden S	Surneme)				
פבר	James N. CIANOS	Jr.					Robin	H	ARVEY						
	19e. INFORMANT'S NAME (Type/Print)		Ta	9b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route N	umber, City or	Town	, State, Zic	Codel			
2	Mr & Mrs. James 1	I. Ciano	s,Jr.				n Ct, Sy					2178	4		
	20g. METHOD OF DISPOSITION		20b. PLAC	E AND OATE						_		City or To	wo State		_:
	1 X Burial 2 Cremation 3 Remo	val from State					metery				dlaw		wii, State		
ĺ	21. SIGNATURE OF FUNERAL GERVICE AND	INVE)	/ a	K OIL			D ADDRESS OF F		TO   W	00	ulaw	II FID			
	2 6	0 :	11		HU	JBBA	RD FUNER	RAL							
4	21. PART i. Enter the diseases, or c	2 mil	u				Wilkens						2	1229	
CERTIFICATION	shock, or heart failure. I	OUE TO	(OR AS A CONSI	EQUENCE OF		ij	with	3						erval Bet	
	DART II ON THE WAY												1		
TITISICIAN. MEDICAL	PART II. Other significant conditions	contributing to	deeth but not	resulting	in the un	derlying	ceuse given in	Part I.		AN A		24b.		TOPSY FINE	
į I									1X YES	5 2	□ NO		OF DEAT	TION DF CAL H?	USE
									1,				1 YES	8 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C)	heck only	one)						
2	1 X YES 2 NO	1   Inpatient 2		3 DOA	4 🗆 Nurs	ing Home	5 - Residence	8 X o	ther (Specify)	F	TE.	695			
	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY lay, Year)	28b. TIM	E OF URY	28c. INJU	RK?	28d. [	SSEN	WIN	JURY OCC	CURED NI TI	שווכע	7/+ m	ual
5	1 Natural 5 Pending 2 Accident Investigation	8-7-	2, 2 2 0		М		ES 2 100	FF	POSEM	GE	ıK L	1/ 1/1	XUC1		PAC
	3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY — At h	iome, term, i	street, facto	ory, office		28f. L	OCATION (Str	pel ar	nd Number	or Rural R	loute Num	ber,	2116
	4 Homicide determined		-01	ON H	IGHW	VAY			E.69		NEA	R EX	XIT	43	
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, o	leath occurre	ed at the Hr	me, date	end place, and due	to the	cause(e) end	ment	or on stat	ad .			
	one) 2 MEDICAL EXAMINER												) end mer	mer en etel	led.
	296. SIGNATURE AND TITLE OF PERTIFIED		4-20-0							,					
ዘ <sup>ዘ</sup>	1	M	$\sim$				O.C.M				29d, DATI	8 - 7 -	(Month, D	ay, Year)	
2	30, NAME AND ADDRESS OF BERSON WHO	COMPLETED CALL	SE OF OFATH OT	FM 27\ /=	Dript)				_						
	AMILY TX	San allies onos				Stre	et, Ba	1+i	more		Mar	vlar	nd	2120	0.1
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE									1 - 01			

Julia Davidon Andres

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMONE WAYYLAND 21215-0020	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be manned by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should is after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with th	IMPORTANT: It Item 28 is marked,

FOR STATE

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ERTIFI	CATE OF	DEATH	F	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH	
- 57	Russell	E	CHE	WNIN	c	Sr	MONTH	3 - 93		YEAR		м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia:		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I			BURTH	S : 55 P	,
	234-30-1215	1 💢 M 2 🗆 F	70		MONTHS DAYS	HOURS MIN.	9/5/2	y, Year)	- 1	Countr		1
	9a. FACILITY NAME (If not institution, give s		70		AL	201201701127						та
œ						OR LOCATION OF DI	EATH		9c. COUNT	Y OF D	EATH	
DIRECTOR	Franklin Square	Hospital			Ralt	imore			3a1t	im	ora	
S	10a. STATE 10b. COUNT	Y		10c, CITY	TOWN OR LOC	ATION			Dair		10d. INSIDE CITY	
E	Maryland Balt	imore			Ltimore					- 1	LIMITS?	
	10a. STREET AND NUMBER	THOLE	<del>.</del>	Da.							1 YES 2 NO	_
A.					13	Of. ZIP CODE		- 1			HAT COUNTRY?	
FUNERAL	310 Townsend Ro					21221			US	А		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT FORCES? 1	EVER IN U.S. AF		13. WAS DE	CENDENT OF HISPAI pecify Cuban, Mexica	NIC ORIGIN? (S	pecify Yes o	or No— 1	4. RACE	- American Indian, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 YE	S 2 NO Specif	y:	1, 400.7	-	Speci		
		WW I	7						<u> </u>		White	
里	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	Sive kind of w	SUAL OCCUPAT ork done during n	TON lost of working	16b, K/A	D OF BUSI	NESS/INDU	STRY		
쁘	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use					0.	-		
A	11		Acc	counta	ant		Bet	hleh	em St	eeT	Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			umame)			
H	Rhobes Ellis Ch	newning				Birdie	Ellen	Fox				
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	ADDRESS (Street	and Number or Rural	Route Number, (	City or Town,	State, Zip C	ode)		$\neg$
F	Joyce L. Chewnin	ig	3	310 To	ownsend	Rd. Balt	imore,	Md.	2122	1		
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE O	F DISPOSITION (/	lame of	DATE	20c. LOC	ATION — CH	ty or To	wn, State	
	1)(C)(Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Park	ematory or oth	Cem.		7/93			-	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE	1 021			UND ADDRESS OF FA	'			-,	,	-
	N 200 . ∩		1 4			ahn Funer		ne				
	Milman	LUNOO	ul (IC	MQ	7401	Belair F	Rd. Bal	Ltimo	re. M	d.	21236	
	23. PART I. Enter the diseases, or	complications that	caused the de	eath. Do no	ot enter the m	ode of dying, suc	h as cardlac	or respira	story arres	et,	Approximate	
	shock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one ceus	e ou each line	в.							Interval Between	
											Onset and De	
	41	Pulmon	ary es	abolu	1.0							
	41	a. Pulmon	IATY EI	nbolu	IS:							
7	disease or condition resulting in death)	Pulmon										
NOI	disease or condition resulting in death)  Sequentially list conditions,											
ATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Pulmon Due to (										
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. Sepsis		OUENCE OF)	:							
RTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Sepsis	OR AS A CONSE	OUENCE OF)	:							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Sepsis	OR AS A CONSE	OUENCE OF)	:							
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. Sepsis	OR AS A CONSE	OUENCE OF)	:	ng cause given in	Part I. 24	I. WAS AN A		24b.	Onset and De	eath
ICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Sepsis	OR AS A CONSE	OUENCE OF)	:	ng cause given in		PERFORM	ED?	24b.	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE	wes
DICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Sepsis	OR AS A CONSE	OUENCE OF)	:	ng cause given in			ED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	wes
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Sepsis	OR AS A CONSE	OUENCE OF)	:	ng cause given in		PERFORM	ED?	24b.	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE	wes
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	c. Sepsis	OR AS A CONSE	OUENCE OF)	: : the Underlyl		1[	PERFORM	ED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	wes
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	e. DUE TO (	OR AS A CONSE	OUENCE OF	: the Underlyle	ng cause given in	1[	PERFORM	ED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	wes
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO	b. Sell Sis	OR AS A CONSE	OUENCE OF	:  26.1  OTHER:	PLACE OF DEATH (Ch	1 [	PERFORM	ED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	wes
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO  27. MANNER OF DEATH	e. DUE TO (	OR AS A CONSE	OUENCE OF	26. I	PLACE OF DEATH (Ch	1 [	PERFORM  YES 2 (	MED?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	wes
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO	DUE TO (	OR AS A CONSE	OUENCE OF)  OUENCE OF)  resulting ir	26. I OTHER: 4   Nursing Ho OF 28c. III WY 28c. III	PLACE OF DEATH (Ch	eck only one)  6 □ Other (Sp	PERFORM  YES 2 (	MED?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	wes
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	b. Seisis OUE TO ( c. DUE TO ( d	OR AS A CONSE	OUENCE OF) OUENCE OF) resulting ir	26. I OTHER: 4   Nursing Ho WY M 1	PLACE OF DEATH (Ch me 5  Residence LURY AT ORK? YES 2  NO	eck only one)  6 Other (S)  26d, DESCRI	PERFORM  YES 2 (	MED?  MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	RED	WERE AUTOPSY FINOIR MAILABLE PRIOR TO COMPLETION OF DEATHS  1 YES 2 NO	was
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	b. Seisis OUE TO ( c. DUE TO ( d	OR AS A CONSE	OUENCE OF) OUENCE OF) resulting ir	26. I OTHER: 4   Nursing Ho WY M 1	PLACE OF DEATH (Ch me 5  Residence LURY AT ORK? YES 2  NO	eck only one)  6 Other (S)  26d, DESCRI	PERFORM VES 2 (	MED?  MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	RED	WERE AUTOPSY FINOIR MAILABLE PRIOR TO COMPLETION OF DEATHS  1 YES 2 NO	was
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO  27. MANNER OF DEATH  1  Neturn 5  Pending Investigation  3  Suicide 6  Could not be determined  29a. CERTIFIER (Check only)	b. Seissis OUE TO ( c. DUE TO ( d	OR AS A CONSE	OUENCE OF	26. I OTHER: 4   Nursing Ho OF 28c. II Warner, factory, off	PLACE OF DEATH (Ch me 5 Residence JURY AT ORK? YES 2 NO	eck only one)  6 Other (Sp. 28d. DESCRII 28f. LOCATIO City or %	PERFORM  YES 2 [  Decify]  BE HOW IN.  WIN (Street ann.  State)	JURY OCCU	RED	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	HGS HE
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (  c. DUE TO (  d	OR AS A CONSE	OUENCE OF	26. I OTHER: 4   Nursing Ho OF 28c. II Warner, factory, off	PLACE OF DEATH (Ch me 5  Residence UURY AT ORK? YES 2 NO ice le and place, and due death occured at the	eck only one)  6 Other (Sc 26d. DESCRI	PERFORM  YES 2 [  Decify)  BE HOW IN.  N (Street arn  wn, State)  ) and mann  place, and	JURY OCCU	RED	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	HGS HE
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO  27. MANNER OF DEATH  1  Neturn 5  Pending Investigation  3  Suicide 6  Could not be determined  29a. CERTIFIER (Check only)	DUE TO (  c. DUE TO (  d	OR AS A CONSE	OUENCE OF	26. I OTHER: 4   Nursing Ho OF 28c. II Warner, factory, off	PLACE OF DEATH (Ch me 5 Residence JURY AT ORK? YES 2 NO ice le and place, and due death occured at the	eck only one)  6 Other (Sp. 28d. DESCRII  26f. LOCATIO City or % to the cause(stime, date and wiser	PERFORM  YES 2 [  Decify)  BE HOW IN.  N (Street arn  wn, State)  ) and mann  place, and	JURY OCCU	RED	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	HGS HE
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		Duga	an				2. DATE OF DEATH DAY YEAR 08 03 1993								
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Other significant co	b	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	et caused the use pn eech ii  State O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A	death. 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Part I.  28d. DES  to the cau	Balt lec or resi lec or resi 24a. WAS A PERFC 1  YES  (Specify) CRIBE NOW ATION (Streen or Town, State se(e) and me	NAUTOPSY PRIMED? 2 NO INJURY OC	244  244  course  r or Rural  need, he cause	Approximinterval B Onset and Day 1 Approximinterval B Onset and Day 2 Approximation of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of the Complete Proposition of	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoul		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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afte	by th	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	lical
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	EALTH AND MI	ENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	DUTST	LEE	DURST	2		7-30-7	ears 3. Time of Death 23/4 Pm			
	4. SOCIAL SECURITY NUMBER 216-18-1336 94. FACILITY NAME (If not institution, give	1 1 1 2   F	9 YRS. M	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	Month, Day, Year)	24	BIRTHPLACE (State or Foreign Country)  Maryland			
DIRECTOR	Anne Arundel RESIDENCE OF DECEDENT	Med Cente	R	Annapa	Olis, M	of DEATH Sc. COUNTY OF DEATH  Anne Arundel.					
	Maryland Anne	Arundel c		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 4639 Solom at	n's IslandR	d		20776			OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPANIC polity Cuben, Maxican, I 2 NO Specify:	ORIGIN? (Specify Yes Puarto Rican, etc.)	Black, White, atc. Specify:				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	18a. DECEDENT'S US	k done during mos	N st of working		o Suga	ar/ Board			
N O	12 +  17. FATHER'S NAME (First, Middle, Last)				18 MOTHED'S NAME	Of Edu		n//Constructi			
	Clarence Lee	Durst									
BE	19a. INFORMANT'S NAME (Type/Print)	Darse	19b. MAILING AC	DRESS (Street at	nd Number or Rural Rou	e Wensc		rie)			
욘	Sara Durst							1,MD 20776			
	20a. METHOD OF DISPOSITION 1	cem	PLACE AND DATE OF I betery, crematory or other	DISPOSITION (Nar place)	me of	DATE 20c. LO	CATION — City	or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Ronald W	lade,Dir	22. NAME AN	Baltimon	"State Prest, Bal	Anatom Lto,MD	ny Board 2 1201			
	23. PART i. Enter the diseases, or enock, or heert failure. iMMEDIATE CAUSE (Fine disease or condition reculting in death)	a. Chipes	the deeth. Do not ech line.	enter the mod	Tarley	a cardlec or reepl	Iratory arrest	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CAL	PART II. Other significant condition	le contributing to death be	ut not resulting in t	the underlying	cause given in Pa	rt i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
NY: MEDI	Dep	2 Obstruc VISS 2 02	due Pe	Unon	eng 52			1 - YES 2 - 40			
할	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	. 0	28. PL	ACE OF DEATH (Check	only one)					
BY PHYSICIAN:	1 YES 2 NO  27. MANNER OF OEATH  1. Natural 5 Pending Investigation	1   Inpetiant 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)    28a. DATE OF INJURY (Month, Day, Year)   28b. TIME OF INJURY WORK?   28d. OESCRIBE HOW INJURY OCCUREO   1   YES 2   NO						EO			
	2 Accident Investigation 3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, term, atreet, factory, office City or Town, State)										
COMPLETED		CIAN: To the best of my knowler.  R: On the bests of examination						use(a) and mannar as stated,			
TO BE C	29b. SIGNATURE AND THILE OF CERTIFIED	levers	and		290 LICENSE NUMBE	23	29d. DATE SIG	SWEO (Mighth, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WH  31. DATE FILED (Month, Day, Year)	O COMPLETED CAUSE OF DEA		nt)							

		1 - STATE REGISTRAR	SIATE OF MARYLAN	D / DEPAR CERTIFI	TMENT O	F HEALTH OF DEAT	AND MEN	TAL HYGIEN REG. NO.	_		
		1. DECEDENT'S NAME (First, Middle, Last)	1 1 - 0				2. D	ATE OF DEATH		EAR 3.	TIME OF DEATH
		4.SOCIAL SECURITY NUMBER	5. SEX . 6. AGE (In VI)				AL	IBUST 5	199	3	B:00 A
		257-12-1349	1 DM 2/ F 8	s. last birthday) YRS.	MONTHS DA		MIN. 7. DA	TE OF BIFTH	5	Country)	CE (State or Foreign
3 should		9e. FACILITY NAME (If not institution, give str	set end number)		9b. CITY, TO	WN OR LOCATIO	N OF DEATH	17	9c. COUNTY	OF DEAT	н
3	TOR	Union Memoria	l Hospital		Ва	ltimore	9				
	DIRECTOR	100 TATE 10b. COUNTY		10c. CIT	TOWN OR L	OGATION				100	I. INSIDE CITY
sit perm		1110		15	Ja	10				1)	YES 2 NO
	RAL	TO CEST HA	en N. t	+		101. ZIP CODE	226		10g. CITIZEN	OF WHAT	COUNTRY?
020 physician. burial-transit	FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S					IGIN? (Specify Yes	or No 14	RACE -	American Indian,
	BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2			yes 2 NO	Specify:	rto Rican, atc.)		Sports	le c
1215-0 r attending use as the	ETED	15. DECEDENT'S EDUC	ATION 184	. DECEDENT'S	USUAL OCCUI	PATION		16b. KIND OF BUS	SINESS/INDUS	TRY	INCK
Z al or	LET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during retired.)	g most of working	7				
AND 2 the hospital detached for once.	COMPL	17/PATHER'S NAME (First, Middle, Lest)				10 (0)	5712 11115 (5)				
3 8 6 A	ш	Benjamin	Johns	m		18. 2014	and 1	st, Middle, Maiden	Sumame)	H	
MAKY retained by 5 should by notified a	TO B	40. INFORMANT'S NAME (1/00(Print)	HIM MURRAY	196. 1222	189	eet and Nimber	of Rural Route N	lunger, City of Town	n, State, Zip Co	de)	1 44
1 2 2 2 E		201/METHOD OF DISPOSITION	1	101	K	ent	Tre	Laton	SVIlle	ن	41207
		1 Buriel 2 Cremetion 3 Remort 4 Donation 5 Other (Specify)	ral from State	CE AND DATE O		Warne of Ce	1 4	993 La	CATION - CHY	or Igum,	State md
AL IMOR death. Page 6 m s funeral director, i.		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1	32. NAM	E AND ADDRES	S OF FACILITY	e.t	Sauv	~//	
		Blades ware 4300 Wabash ave									
E 3 & a		23. PART i. Enter the diseeses, or co shock, or heart feilure. L	emplications that caused the list only one cause on each	death. Do no	ot enter the	mode of dyin	ng, such aa c	ardiac or respi	ratory arrest	,	Approximata interval Between
10 mg		iMMEDIATE CAUSE (Fine) disease or condition	ASPIRA	1401	RNE.	16/2m	ALL				Onset and Deati
rted within 24 completely fills ial, cremation,		reaulting in death)	DUE TO (OR AS A COR	NSEQUENCE OF		011 101	-     (			-	1000
executed and com o burial,	NO	Sequentieity list conditions,	DUE TO 100 10 1 001							-	
or to	CATI	If sny, leading to immediate cause. Enter UNDERLYING	mmediate ERLYING								
	빌	CAUSE (Disease or injury that initisted events resulting in deeth) LAST	DUE TO (OR AS A CON	SEQUENCE OF	):						
7 5 5 5	CERTIFICATION	d.									
E de the	CAL	PART II. Other significant conditions		ot resulting in	the under	ying cause gi	ven in Part i.	24a. WAS AN A			RE AUTOPSY FINDINGS
5 5 E E	MEDIC		dementin					1 TYES 2	NO		MPLETION OF CAUSE DEATH?
v requires been sign ft. of Heal			Q+ME.							10	YES 2 NO
PHYSICIAN: The law requires this certificate has been sign with the State Dept. of Heal riced, or item 23 shows:	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			B. PLACE OF DE	ATH (Check only	( one)			
PHYSICIAN: The this certificate with the State with the Mark	HYSI	1 VES 2 NO	Inpatient 2 ER/Outpatien	t 3 DOA		Home 5 🗆 Res	idence 6 🗆 O	ther (Specify)			
NG PHYSI fter this o eath with marked,	0	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY	INJURY AT WORK?		DESCRIBE HOW IN	IJURY OCCUR	EO	
ATTENDING I ECTOR: After s after death	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE DF INJURY — A building, etc. (Specify)	t home, farm, st			26f. L	OCATION (Street a	nd Number or I	Rural Route	Number,
OR ATTENOING DIRECTOR: After hours after death item 28 is ma	ETE	4 Homicide determined	January, etc. (opcomy)					lity or Town, State)			
TAL OR / TAL DIRE 72 hours If item	COMPL		AN: To the best of my knowledge								
HOSPITAL FUNERAL WITHIN 72		29b. SIGNATURE AND TITLE OF CERTIFIER	On the basie of examination and	por investigation	i, in my opinio		d at the time, d	ista end place, end			
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	HE C	M - But	C			40417	6435 AT	2490	29d, DATE SI	-	nth, Day. Year)
	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)	2 - 04	110	RAV		10	0,0 -1
		31. DATE FILED (Month, Day, Year)	32 REGISTRAN'S SIGNATUR	nu	1	13.14	KH 21	L. BAY	UU 9	10	41201
	3	AUG 0 9 1993	Julia Davidson 1	Bydalle							

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Item 28 is

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Hygiene prior to

this certificate has been signed by the atter with the State Dept. of Health and Mental

After 1

FUNERAL DIRECTOR:

TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 MINIMARTANT: If It

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m	after
	24 hours
90,	within 24
( 687	executed within 2
2	- 60
L RECORDS, P.O. BOX 68760	certificate b
C,	death
Ö	the
OR	that
REC	law requires that the death certif
	MP
IA	The
F VI	3 PHYSICIAN:
0	光
DIVISION OF VITAL	ATTENDING F
0	OR

ASP ITEMS: 23 PART I, 27, 28a-f, PER MEO G-702 8/10/93 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH EN GILS DWAR 07 18 1993 10:20 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH IF UNDER : YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-52-4775 1 29 / 49 1 M 2 F 43 S.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 4601 LIBERTY HGHTS AVE BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Palto 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4309 Fernhill Ave 21215 U.A.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VYES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. Specify B ] a C K 1 Never Married 2 1 Married BY 3 Widowed COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Fightery/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Willie English Elouise BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lillian English 4309 Fernhill Ave Balto, Md 21215 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE GArrison Forest Vet 7/29/93 Owings Mills, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSIES March F/H-West 4300 Wabash Ave vince 23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final disease or condition Onset and Death resulting in death) . NARCOTIC AND ALCOHOL INTOXICATION DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: XXYES 2 NO 4 Nursing Home 5 Residence (Specify) marked, or 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural <u>UNKNOW</u>N M 1 YES B 7-18-93 2 Accident UNKNOWN 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4601 LIBERTY HEIGHTS AVE 6 Could not be COMPLETED 4 Homicide FOUND IN REAR OF HOUSE 29s. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 😾 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SKINATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Wolferte ▶07-19-1993 O.C.M.E 5 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

2120

J. C. Sarah Barrell

1		•	STATE REGISTR	AR
Г	1	Di	ECEDENT'S	MA

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CEF	RTIFICATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	e ele	itt		2. DATE OF DEATH MONTH DAY	193	3. TIME OF DEATH 3:15 PM			
	4. SOCIAL SECURITY NUMBER 5. MEX 216-34-0919 12 M 2 □ F	8. AGE (In yrs. last bit	Thday) F UNDER T YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Pay, Year) 5/6/37	8. Bill Co	RTHPLACE (State or Foreign unity) MD			
TOR	96. FACILITY NAME (If not institution, give street and number) 3605 BROOKLYN AVENUE			IMORE C		9c. COUNTY O	F DEATH			
DIRECTOR	10a. STATE 10b. COUNTY  MD		BALTIMORE			10d. INSIDE CITY LIMITS? 1 DYES 2 \( \square\) NO				
FUNERAL	3605 BROOKLYN AVENUE		10	. ZIP CODE	1225	10g. CITIZEN O	F WHAT COUNTRY?			
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  32. Wildowed 4 Divorced  12. WAS DECEDEN FORCES?  IF YES, GIVE WARMY 195	T EVER IN U.S. ARMEI X XYES 2 NO WAR OR DATES 58-1960		ENDENT OF HISPANI ecify Cuben, Mexican 2 NO Specify:		В	ACE — American Indian, lack, White, etc. pecify: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (6-12) College (1-4 or 5-7th grade	(Give i	DENT'S USUAL OCCUPATI kind of work done during me NOT use retired.) HEMICAL MIX	ast of working	W.R. GR		MICAL CO.			
BE CO	17. FATHER'S NAME (First, Middle, Last) HENRY F. ELLIOTT			18. MOTHER'S HAN EDNA M	E (First, Middle, Melden S AE	Surname)				
TO B	190. INFORMANT'S NAME (Type/Print)  ROMAINE STEIN	19b. M 360	DE BROOKLY		BALTIMORE					
	20a, METHOD OF DISPOSITION  *Suriel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)	20b. PLACE AND cemetery, cremet	DATE OF DISPOSITION (Not or other place)  hill ceme	me of tery	1	CATION — City of	r Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Doda	22. NAME A CHARL	ES L. STE	VENS FUNER					
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions contributing to	death but not resu	ulting in the underlyin	g cause given in F	Part I. 24a, WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. P	ACE OF OEATN (Che	ok only one)					
HYSI	1  YES 2 NO 1 Inpitlent 2 27. MANNER OF OEATH 256. DATE OF		DOA 4 - Nursing Hon	No 5 Residence (	Other (Specify) 28d. OESCRIBE NOW IN	JURY OCCURE				
ВУ Р	1 Natural 5 Pending (Month, E									
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of a						se(e) end manner es stated.			
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	1/11	bo	29c. LICENSE NUM			NED (Moeth, Day, Year)			
10	39, AAME AND ADDRESS OF PERSON WHO COMPLETED CAU	OF DEATH (ITEM 2	7) (Type, Print)	2011	Dahl.	0	200			
5	31. DATE FILED (Month, Day, Year)	A'S SIGNATURE	ンニノニハハハ	000)	MAIN	y va!	1,12			

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

**BALTIMORE, MARYLAND 21215-0020** 

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis	within 24 hours after death. Page 6 may be retained by the hospital or attending physici
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-th	pletely filled in by the funeral director, page 5 should be detached for use as the buriat-
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ent, the medical examiner must be notified at once.

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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND I	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
1.	SADIE		FULTZ					EAR
		5, SEX 6. AGE	(In yrs. lest birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Tennessee
- 1	9e. FACILITY NAME (If not institution, give street	et end number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
OR	Harbor Hospital	Center		Baltim	ore Ci	ity	====	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY							
DIRECTOR	Maryland ====	=====	171	y, town on Local				10d. INSIDE CITY LIMITS?  1 X YES 2 NO
AL	10e. STREET AND NUMBER			10	of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1013 Herndon Cou				21225			S.A.
5	11. MARITAL STATUS 1 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	CENDENT OF HISPAN pecify Cuban, Maxican	IIC ORIGIN? (Specify Yes	or No- 14.	RACE - American Indian, Black, White, etc.
B	3 K Widowed 4 Divorced	IF YES, GIVE WAR OR D			S 2 NO Specify			Specify: White
E	15. DECEDENT'S EDUCAT (Specify only highest grade col		16a. DECEDENT'S	USUAL OCCUPATION Work done during more retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY
COMPLETED		College (1-4 or 5+)	Housew			Home 1	Maker	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
BE C		oah Hale			Mir	nnie Car	r	
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS . H	eights .	Soute Number, City or Tow	n. State, Zip Co	de)
-	Bill Fultz		9006 1	Meadow -	coad Rd. R	andal1stow	m, Mar	yland 21133
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remove	al from State cen	netery, gremetory or of	F DISPOSITION (Ne	<sub>eme of</sub> rial Park	0 ATE 20c. LO		or Town, State
	4 Donation 8 Other (Specify)		1eadowr 1d	-				e, Maryland
	Donna Mi	3	and:			ce Funeral Hwv. Balt		P.A. Md. 21225
	23. PART I. Entar the diseases, or con	polications that cause	d the death. Do n					
	shock, or heart failure, kin iMMEDIATE CAUSE (Finsi	if only one cause on a	ach lina.				100000	Intarval Between Onset and Death
	diament on annulation	/ <che a<="" td=""><td>in as</td><td>DEDON</td><td>WA-Fails</td><td>a Adam</td><td> 17-</td><td>Oliset and Data.</td></che>	in as	DEDON	WA-Fails	a Adam	17-	Oliset and Data.
		DUE TO (OR AS A						
NO	ocquentiany hat conditions,	DUE TO (OR AS A	ON OF	MIDDL	E CER	REBRAL ,	ACC/D	ENT
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	ASCV		,				
Ē	CAUSE (Disease or Injury c that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF	ን:				
E	resulting in death) LAST	DIABE	TES					
	PART II. Other algolficant conditions of	contributing to death b	out not resulting i	n tha underlyin	o causa diven in	Part I. 24a, WAS AN	ALITTOPSY	24b. WERE AUTOPSY FINDINGS
S	PERFORATE				g	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL		IVE LAPAI		"H (D)	HEMICO	1 🗆 YES 2	NO.	DF DEATH?
	TOMY		corony	w/ C	HEMICH	265		1 TYES 2X NO
A	25. WAS CASE REFERRED TO MEDICAL			28. PI	LACE OF DEATH (Che	ack anh ane)		
PHYSICIAN:	EXAMINER?	HOSPITAL:	nations 3 DOA	OTHER:	ne 5 🗆 Realdence			
È	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME	E OF 28c. INJ	JURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
ВУ Р	1 K Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		YES 2 NO	The provide		
ED B	3 Suicide a Could not be	26s. PLACE OF INJURY building, stc. (Spec	- At home, ferm, s	treel, fectory, offic	28	261. LOCATION (Street a	and Number or I	Rural Route Number,
ETE	4 Homicide detarmined	1-2-	ury)			City or Town, State)		
릴		N: To the best of my know						
COMPLET	2 MEDICAL EXAMINER: (	On the basis of examination	n end/or investigation	n, in my opinion, d	leath occured at the f	time, date and place, an	d due to the ca	tuse(s) and manner ee stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	8-11			29c. LICENSE NUM	BER		GNED (Month, Day, Year)
0	Clappilia	calle w	D INTE	ZN			▶08	03 93
1 1 1	30. NAME AND ADDRÉSS OF PERSON WHO C	'OMPLETED CAUSE OF DE	ATM STEM 270 CE-	Defeat.				

HHC

32' REGISTRAR'S SIGNATURE JUNE JUNESON - KINDLES

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-702 8/23/93 t.t

93 22952

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFIC			MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH			3. TIME OF DEATH
	Craig	Allan	F	osset	t	0 8	0,		YEAR	1310 M
	4. SOCIAL SECURITY NUMBER 2/9-88-96//	1 🗌 M 2 🗀 F	77	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year)		8. BIRTHP Country;	Md.
NC N	9a. FACILITY NAME (if not institution, give so 112 East Sout				or LOCATION OF D	EATH		9c. COUN	of DE	
اق	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT							1 116	uei	ICK
DIRECTOR	Md.	Frederic		rederi						10d. INSIDE CITY LIMITS?  1X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZ		HAT COUNTRY?
<b>H</b>	112 East So	uth Stree	t		21	701		J	J.S.	Α.
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y		13, WAS DEC	ENDENT OF HISPA ecify Cuben, Mexico	NIC ORIGIN?	(Specify Yea	or No-	14. RACE	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OF			2 NO Specif		-mi, 410-j		Specify	:
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b #	IND OF BUI	SINESS/INDU		lack
E	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5 +)	(Give kind of wo	rk done during me	ist of working	1002.	UND OF BU	SINESS/INDU	BIRT	
4	12	=	Sup	ervis	or	I	Mt.	Airy	Col	d Storage
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mic	ddle, Maiden	Surname)	_	
BE	8,8%-		Irvin Fos	ssett	Edith	Ann	Fos	set		
2	19a. INFORMANT'S NAME (Type/Print)		AL .		nd Number or Rural	Route Number	, City or Tow	n, State, Zip (	Code)	
	Edith A. Foss		610 E		eville"	IVA, M	t. A:	iry,	Md.	21776
	20a. METHOD OF DISPOSITION   □ Burlel 2 □ Cremetion 3 □ Ram	oval from State	20b. PLACE AND DATE OF COMPETER, Crometory or othe KF'alrv16	DISPOSITION (N)	me of	8 / 1	20c. LO	CATION - C	ity or Tow	n, Stata
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		Kralivie		D ADDRESS OF FA	1.	I F	reder	TICK	, Md.
	23. PART I. Enter the diseases, or	Haight		Pe	Box 19	5 Svl	kesv	iolle	- M	eral Home
	iMMEDIATE CAUSE (Fine)	e. NARCOTIC AND	1 eech line.							Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	С	S A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL CE	PART II. Other algnificent condition	s contributing to deeth	h but not resulting In	the underlying	j ceuse given in		48. WAS AN PERFOR YES 2	MED?		WERE AUTOPSY FINDINGS RAMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 \( \square\) NO
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)				
₹	1 X YES 2 NO	1 Inpetiant 2 ER/O	outpetient 3 DOA 4	☐ Nursing Hom	e 5 X Rasidence					
=	1 Netural 5 Pending	(Month, Day, Yea	r) FOUND	Y WO	URY AT RK? (ES 2XX NO			NJURY OCCU	JRED	
BY	2 Accident Investigation 3 Suicide B XXCould not be	8-7-93 28e. PLACE OF INJU	IRY — At home, farm, str	A .		UNKNO		and Mumber o	a Charact Cha	
ETE	Suicide     With the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	FOUND: HOM	pecify)					112 EAS REDERIO		ute Number, UTH STREET, MD.
COMPLETED		CIAN: To the best of my kn				to the cause	(a) and man	iner sa stated	1.	
	296. SIGNATURE AND TITLE OF CENTIFIER	1)_			29c. LICENSE NUI	WBER		29d, DATE	SIGNED (	Wonth, Day, Year)
O BE		100			O.C.M	F		▶ 08		1993
٥	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF								
ı	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SI	GNATURE		reet. B	altim	ore.	_Mar	y La	nd 21201
	AUG 0.9 199	3 Luciation	isom Rondstale							

6. BIRTHPLACE (State or Foreign Country) Maryland

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — American Indien, Black, White, atc.

3. TIME OF DEATN

10d. INSIDE CITY 1 YES 2 NO

white

21229

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Approximata intarval Betwe Onset and Death

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REGISTRAL	3			CERTIF	ICATE	OF	DEAT	H	REG	a. NO.		
1. DECEDENT'S N	AME (First, Middle, Last)								2. DATE OF DEA	ATH DAY	YEAR	3. TIME OF D
, John	D. Fefel	Sr.							8	2	93	12:3
4. SOCIAL SECUR	TY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	TN	6. BIRT	HPLACE (State of
220-07-	1303	1 3 M 2 🗆 F	73	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month, Day, Y	20	Mai	yland
9a. FACILITY NAM	E (If not institution, give	street end number)			9b. CITY,	TOWN C	OR LOCATIO	ON OF DE			UNTY OF	-
St. Ma	rtin's Hor	me for th	ne Aged	1			vill		Md.		ltimo	
	OF DECEDENT				Ju	-	7711	,	IIu.	Du	T C T III	710
10e. STATE	18b. COUNT	ТҮ		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE
ā Md	Balt	timore			Balt:	imor	e,	Md				1 TYES 2
100. STREET AND	NUMBER					100	ZIP CODE			10g. C	ITIZEN OF	WHAT COUNTR
100. STREET AND 601 Mai	den Choice	e Lane					2122	8		U	.S.A.	
5 11. MARITAL STATE	JS	12. WAS DECEDE							IIC ORIOIN? (Spec		14. RAC	E - American
			WAR OR DATE				ecify Cube 2 😿 NO		n, Puerto Rican, e :	tc.)	Spec	k, White, atc.
3 Widowed	Divorced	WWII					-					whit
	15. DECEDENT'S EDI		16	e. DECEDENT'S				or.	16b. KIND (	OF BUSINESS/I	NDUSTRY	
Elementary/Sec	T-	College (1-4 or 5	5+)	life. Do NOT u	se retired.)							
Elementary/Sec 8				Machi	ne o	pera	tor		P	aint C	0.	
17. FATHER'S NAM	E (First, Middle, Last)						16. MOTE	IER'S NA	ME (First, Middle, A	Maiden Surname	)	
ш John	J. Fefel	L						Elea	nor Tr	acy		
19a. INFORMANT'S	NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Number, City	or Town, State,	Zip Code)	
Patricia	a Fefel (v	vife)		601 M	aider	n Ch	oice	Lan	e Balt	o. MD	2122	.8
20e. METNOD OF				ACE AND DATE						9c. LOCATION	- City or T	own, State
	Cremation 3 Rer	HOVEL FROM State	_ Ced	y, cremetory or diar Hil	T Cer	nete	rv		8/07	Brook1	vn Pa	rk. MD
21. SIGNATURE OF	FUNERAL SERVICE L	ICENSEE			22, 1	NAME A	O ADDRES		CILITY		,	
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	er the disesses,	Pull	mar						Ave, Ba			2122
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Sequentisity lie if any, leading cause. Enter U CAUSE (Disease that initiated er resulting in det		C										
that initiated en	rents	DUE TO	O (OR AS A CO	ONSEQUENCE C	F):							
resulting in dea	itin) LAST	d										
	algnificent condition	ons contributing t	o death but	not resulting	in the un	derivin	g ceuse d	iven in	Part i. 24e W	AS AN AUTOPS	Y 24	b. WERE AUTOP
PART II. Other	tic.	Angi	1714	- Phi					P	ERFORMED?		AVAILABLE PE
Q 1/ U	11	18000	2	4 1 1/ 1		-				YES 2 NO		OF DEATH?
¥ - 5	mply	LENV	س						_		- 13	1   YES 2
25. WAS CASE REI EXAMINER?	- 1											
25. WAS CASE REI	FERRED TO MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	ack only one)			
1   YES 2		1 - Inpatient 2	☐ ER/Outpatie	ent 3 🗆 DOA			9 5 □ Re	sidence	6 Other (Speci	ty)		
27. MANNER OF D	- 10.0	26e. DATE O (Month,	Day, Year)	26b. Till	JURY	28c. INJ WC	URY AT		28d. DESCRIBE	NOW INJURY (	CCURED	
1 Natural 2 Accident	5 Pending Investigation				М	1 🗆 '	YES 2	NO :				
3 Suicide	6 Could not be	28e. PLACE building	OF INJURY - g, etc. (Specify)	At home, term,	street, fact	ory, offic	•		281. LOCATION ( City or Town,	Street and Numi	ber or Rural	Route Number,
4 Nomicide	determined											
29e. CERTIFIER (Check only one)	CERTIFYING PNY	SICIAN: To the best of	of my knowleds	ge, death occur	red at the ti	lme, date	end place	and due	to the cause(s) e	nd manner es s	tated.	
one)		IER: On the basis of										(s) end manner
20h CICHATURE A	NO TITLE OF CERTIFIE				-			NSE NUI				D (Month, Day, )
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30, NAME AND AD							1	-10	1	1	-	/~

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner as stated. 29d. DATE SIGNED (Month, Day, Year) 21229

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Sambandam Baskaran 3455 Wilkens Ave. Baltimore, Md.

AUG 0 4 1993



FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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SOUL SCOUNTY MARKER   S. DEC   A. AGE AN JAN 18 Jan Schools   From the Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Compa	1. 0	DECEDENT'S NAME (First, Middle, Last)	Robert	Peter Ga	vin		MONTH DA		3. TIME OF DEA
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20.2 CATVO   Beach   Road   20.2 Catvo   Beach   Road   21.226   3.9 CITIZEN OF WINK! COUNTY   1.1 MAD   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1.2 MAD DECEMBER   1	9a.	FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN OR	LOCATION OF DE			_
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198. MALINO ADDRESS (Stend and Number or Rural Route Number, City or Town, State, Zp Cook)  198. MALINO ADDRESS (Stend and Number or Rural Route Number, City or Town, State, Zp Cook)  2136 Buell Drive Fallstown Maryland 21047  229. METHOD 12   Control Properties   Sob PLACE AND DATE OF DEPORTION (Number of Place State)  230. PLACE AND DATE OF DEPORTION (Number of Place)  240. DATE   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Place   Sold Plac	_		Thomas Gay	<i>r</i> in					
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23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.    MMEDIATE CAUSE (Finel disease or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):	21.	SIGNATURE OF FUNERAL BERVICE	ux X	Gnas					
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1	TIFICATION	any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events	bDUE TO (OR	AS A CONSEQUENCE	OF):				
Cold not be determined   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify)   Sec. (Specify	: MEDICAL	ART II. Other algorificant condition  Hypercalce		1 1 0.			PERFOR	MED?	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
Accident   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Sui	NA D	EXAMINER?	HOSPITAL:			CE OF OEATN (Ch	eck only one)		
1	S				4 - Nursing Home	4		N ILIDA OCCIDE	
3 Suicide 4 Nomicide 5 Could not be determined  286. PLACE OF INJURY — At home, farm, street, fectory, office 286. COURTION (Street and Number or Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Rural Route Number of Rural Route Rural Route Rural Route Number of Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Rural Route Ru		Immediation			IJURY WORK	(?		NOON: GOODINE	
29c. LICENSE NUMBER  29d. DATE SIGNED (Month) Day  30, NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  COLUMN COLUMN COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  AND COLUMN COLUMN COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  AND COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COLUMN COL		3 Suicide 6 Could not be	28e. PLACE OF IN building, stc.	IJURY — At home, ferm, (Specify)	, street, factory, office				rel Route Number,
29d. DATE SIGNED (Month Day)  30, NAME AND ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE AND ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE AND ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE AND ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE AND ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE AND ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE AND ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF PERSON WNO CONFLETED CONFE OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF THE ADDRESS OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF THE ADDRESS OF DEATH (ITEM 27) (Typo, Print)  ACT OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRE	294 294	(Check only							se(e) end menner ee
RUGGEN GIOR (see 3001 S. ) ANOVERST, Battone, St. 21225	O BE C	Musell (	10	Lucy		29c. LICENSE NUM	MBER 5	29d. DATE SIG	NED (Month Day, Year
31 DATE FILED (Month Day Year) -32 DECISTOAD'S SIGNATURE	R	165ell Calle	NO COMPLETED CAUSE	016	VERST, A	after	no. Pd. 2/2	225	
AUG 0 9 1993 Suha Davidon Andere	17 31.	AUG 09 1993	32. REGISTRAR'S	SIGNATURE					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

be notified at once.

examiner

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ached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours when drawin, Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huneral director, page 5 should be de	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at or
Ė	1	file	7
H	2	ă	₹

93 22955 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Aug. 5, 1993 **JEANNE** LeROY HUBBARD 9:40 а. м 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year, Jan. 2, 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR a. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 579-62-6969 1 M XX F 90 1903 New York Se. FACILITY NAME (If not Institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Long Green Nursing Center Baltimore N/A RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 XYES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 106 Witherspoon Rd. 21212 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 MO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES ВУ 3X Widowed 4 Divorced white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
lile. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumame) Stanislas Jean LeRoy Amelie Rose Vergnes 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 James Kenton (son-in-law) 106 Witherspoon Rd. Baltimore, MD 21212 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 ☐ Burlet 2 ☐ Cremetion 3 ☐ R.
4 ☐ Donation 5 ☐ Other (Specify)
21. SIGNATURE OF FUNERAL SERVICE Northwood Cemetery Aug 6 | Philadelphia, PA "Mitchell-Wiedefeld Home Inc. Thomas Joseph Bozek 6500 York Road, Baltimore, MD 21212 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximats ahock, or heart fellure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset end Desth disease or condition disease heart oronser resulting in death) DUE TO (OR AS A CONSEQUENCE OF) COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS CAUSE

Demente	in Discr				1   YES 2   NO	OF DEATH?
. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (C)	neck only one)	1
1   YES 2   40	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	□ DOA	OTHE 4	R: rsing Home 5 - Residence	8 Other (Specify)	
MANNER OF DEATH  1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ		28c. INJURY AT WORK?	26d. DESCRIBE HOW INJURY OCCUP	RED

3 Suicide 261. LOCATION (Street end Number or Rural Route Number, 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and piece, and due to the cause(e) end manner ee stated.

26e. PLACE OF INJURY - At home, farm, street, factory, office

MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 25d, DATE SIGNED (ABOTT), Day, May 1

D3 389

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Robert Vissing M.D. 4300 North Charles St. Apt. 5G Baltimore, MD 21218

Juli District Shiphone

Investigation

2 Accident



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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Rose Marie
31. DATE FILED (Morith, Day, Year)
AUG 9 1993

Scardi MD, 32. REGISTRAR'S SIGNATURE SENIGRO PROPERTY

									93	2	2956
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPAR	TMEN ICAT	T OF H	EALTH AND	MENT	AL HYGIEN			
- 1	1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH	7-29	-93 YEAR	3. TIME OF DEATH
i	Tray A. Hou	vard					0	MTH 2	NA.	93	11:00 9
- 1		SEX 6. AGE (In yrs. les	st birthday)		R 1 YEAR	IF UNDER 24 HRS.		TE OF BIRTH	-	8. BIRTHP	LACE (State or Foreign
	1	M 2 D F 35	YRS.	MONTHS	DAYS	HOURS MIN.		7/29/c	13	B. (+	mno, mo
5	9e. FACILITY NAME (If not institution, give street	t and number)		9b. CIT	Y, TOWN	OR LOCATION OF	DEATH	1011		NTY OF DE	
5	Mercy Medical (	enter		6	Sv. Hi	man,	m 0				NA
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		$\overline{}$								NA
	Maryland na		10c. CIT		OR LOCAT	nore				=	10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER										YES 2 NO
FUNEHAL	820 Argonne Dr:	ive			101	ZIP CODE	218		10g. CIT	IZEN OF WH	AT COUNTRY?
2											
2	1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 TYES 2 TH		13.		ENDENT OF HISP ecify Cuben, Maxi-			or No-	14. RACE - Black,	- American Indian, White, atc.
5	3 Widowed 4 Olvorced	IF YES, GIVE WAR OR DATES			1 TYES	2 NO Spec	offy:				Black
	15. DECEDENT'S EDUCAT	ION 160 DE	CEDENT'S	HEHAL C	COLIDATIO	241		at kind of our			
ا	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) (G	ive kind of v Do NOT us	vork done	during mo	ist of working		6b. KIND OF BUS	NINE 39/INL	JUSTRY	
	Lienary (0-12)	College (1-4 or 5 +)									
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)					ts. MOTHER'S N	AME (Firs	t, Middle, Maiden	Surname)		
	Dariel A. Cali	nin				Robi		- Hous			
2	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	AODRES	S (Street a	and Number or Rura				Code)	
2	Robin L. Howar	-d 8	320	$\Delta$	40Nn	Λ.					81215
	20a. METHOD OF DISPOSITION	20b.PLACE				ime of	0.			City or Tow	
	1 Durial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)				)		1				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEERonald Wade	Dir	22.	NAME AN	D ADORESS OF	ACILITY	State	Ana	atoms	Board
- 1	1 RG	- st			655	W.Balt	imo				
	23. PART f. Enter the diseases, or com	polications that caused the de	eth Don	ot onto							
ı	snock, or neart fellure. List	t only one cause on each line	).	iot enta	tite ino	de or dying, su	cn es ci	irdiac or reapi	retory en	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0 - 1		1							Onset and Death
1	resulting in death)	Pulmonary L	ypu	tensi	in					-	Lh
		O 4 1 1	in - 1	-):		1					0/
	Sequentially list conditions, b.	Respiratory OUE TO (OR AS A CONSE	DUENCE OF	7:	Syne	more					75
	If any, leading to immediate cause. Enter UNDERLYING	menutuit			0						9/2
	cause (Disease or Injury that initiated events	premotunity DUE TO (OR AS A CONSE	OUENCE OF	7):							101
	resulting in death) LAST										
- 11	DADT II Other significant and disease										1
	PART II. Other significant conditions c		esuiting i	n tha u	nderlying	g cauae given i	n Part I.	24s. WAS AN PERFOR		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
	Lett ph	eumo thorax						t - YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
										1	☐ YES 2 ☐ NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHE		ACE OF OEATH (C	heck only	one)			
		Inpatient 2 ER/Outpatient 3		4 🗆 Nu	rsing Hom	a 5 🗆 Residence	6 🗆 Ot	her (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF URY	28c. INJI WO	URY AT RK?	28d. D	ESCRIBE HOW II	NJURY OC	CURED	
	2 Accident Investigation			М		res 2 No	<u> </u>				
	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY — At ho building, etc. (Specify)	me, term, a	street, fac	tory, office		28t, LC	CATION (Street a ty or Town, State)	nd Number	or Rural Ro	ute Number,
COMIN PETER	29a. CERTIFIER (Check only one)	N: To the best of my knowledge, de	ath occurre	d at the	time, data	and place, and du	a to the o	cause(a) and man	ner an stat	ed,	
	2 MEDICAL EXAMINER: C	On the beale of exemination and/or i	Investigation	n, In my	opinion, d	eath occured at th	e time, de	ite and place, an	d dua to th	a cause(a)	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		-			29c. LICENSE NO	JMBER		29d. DAT	E SIGNEO (A	Aonth, Day, Year)
	Rose Man Wise					0377	5		D 0	37/29	193
- 11	38. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH //TEL	M 27) /Fenn	Orient						-	

225. Greene

Bultinene 1 mp 2/201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1. 2. 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if I tem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL	HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	112H			2. DATE OF	F DEATH DAY	S. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In		R 1 YEAR IF UNDER 24 HRS.	7. DATE OF	BIFITH 8.	BIRTHPLACE (State or Foreign				
9	917-34-4301	1 M 2 F 83	YRS. MONTHS	DAYS HOURS MIN.	107-	01-ES	Country) S.C.				
DIRECTOR	9a. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Personal County OF DEATH  Perso										
DIRE(	10s. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION									
	100 STREET AND NUMBER 2525 W. Bely	redere Au	10	10f. ZIP CODE	15	10g. CITIZEN	1A YES 2 NO				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	RMED 13	WAS DECENDENT OF HISPA			RACE — American Indian, Black, White, etc.				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		If yes, specify Cuben, Mexico 1 YES 2 NO Speci		en, etc.)	Specify: Black				
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementapy/Specifidary (0-12)	completed) (	Give kind of work done to DO NOT use retired.	during most of working	16b. K	IND OF BUSINESS/INDUS	TRY				
COMPL	711		Dom	restric							
	17. FATNER'S NAME (First, Middle, Last)	Jehh		18. MOTHER'S NA	(Figst, Mic	Idle, Maiden Surname)	h				
TO BE	14a. INFORMANT'S NAME (Type/Print)	1	96 MAILING ADDRES	S (Street and Number or Rural	Reute Number	Cityfor Town, State, Zig Co	00) 11 000 210				
-	200_METHOD OF DISPOSITION	unning ham	AMD DATE OF DISBO	SITION (Name of )	1ey	THE Q	a to MOXIX				
	Donation 5 Other (Specify)		emetory of other place	norial K	8/4/9	Randal	stown, And				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE D. J.	1	NAME AND ADDRESS OF RE	CILITY /	west Av	10				
	23. PART I. Enter the diseases, or o	complications that caused the d List only one cause on each lin	leath. Do not ente	r the mode of dying, suc	ch as cardia	c or respiratory arrest	, Approximate				
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. U	114				Onset and Death				
_	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate  Due to (or as a consequence of):										
IFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSI	EQUENCE OF):								
Ä	resulting in death) LAST	d									
AL	PART II. Other significant condition	a contributing to death but not	resulting in the u	nderlying cause given in	Part i. 2	4a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDIC	Chonic	aces			—   ¹	YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
N: N							1 123 2 100				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ОТНЕ	26 PLACE OF DEATH (C)							
HX.	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 28e. DATE OF INJURY	26b. TIME OF	rsing Nome 5 Residence 28c. INJURY AT	Y-	Specify) RIBE NOW INJURY OCCUR	nED .				
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO		<u>.                                    </u>					
	3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — A1 h building, etc. (Specify)	ome, farm, street, fac	ctory, office	281. LOCAT City or	ION (Street and Number or I Town, State)	Rural Route Number,				
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.										
00	2 MEDICAL EXAMINE	R: On the basis of axamination end/or	Investigation, in my								
D BE	/ dein	47		29c. LICENSE NUI	WISER	P C	GNED (Month, Day, Year) 3 143				
2	30. NAME AND ADDREAS OF PERSON WN	CONFLETED CAUSE OF DEATH OTH	IM 27) (Type, Print)	Keister -	tenn	P.1 +	761				
2	31. DATE FILED (Month, Day, Year) ALLG 0.9.1993	32 REGISTRAN'S SIGNATURE	ndalle.	1							

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF	HEALTH AND	MENTAL HYGIEN		22700
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
GEORGE	T. HARDY			MONTH DA	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birth		IF UNDER 24 HRS.	7. DATE OF BIRTH	9. BI	RTHPLACE (State or Foreign
238385007		RS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 0 20 3		W.C.
90. FACILITY NAME (If not institution, give etn	set and number)	9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH
RESIDENCE OF DECEDENT	rartlan					
10e. STATE 10b. COUNTY	100	. CITY, TOWN OR LOCA	TION			10d. INSIDE CITY
Md		15a 1	0			MMITS?
10s. STREET AND NUMBER	Ι . Δ	10	H. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
5925 HVI	eshire HVE	2	2123	9	U.	S. A
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian,
1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		S 2 NO Specif	an, Puerto Rican, etc.)		pecify black
15. DECEDENT'S EDUCA (Specify only highest grade of		NT'S USUAL OCCUPAT	ON	16b. KIND OF BU	SINESS/INOUSTR	Y
Elemostary/Secondary (0-12)	College (1-4 or 5+)	od of work done during m IOT use retired.)	ost of working			
172		ruck	Urive			
17 FATHER'S NAME (First, Middle, Lest)			18 MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
George J	tardy		11102	elle	Itro	nat.
190. INFORMANT'S NAME (Type/Print)	19b, MAI	ILING ADDRESS (Areet	end Number or Rural	Route Number City or Tow	n, Sine, Zip Code	1 1000
201. METHOD OF DISPOSITION	104 00 50	125 H	llesh	re the	Dal	to, MD 2/239
Purisi 2 Cremation 3 Removed	val from State certain, cremator,	ATE OF DISPOSITION (A	Pk	8/11/93 K	ation - gry or	Istown Ma
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /		ND ADDRESS OF FA	CILITY	_	. ( )
Aftime fr.	Shompson Je	Ma	on the	H- West	Ave	
23. PART I. Entar tha diseases, or co	emplications that caused the death.	Do not entar tha me	ode of dying, suc	h ea cardiac or reapi		Approximate
shock, or haert failure. L	ist only one cause on each lina.					Interval Between Onset and Death
disease or condition	Renal Fallure	and	aust	121		Chiset and Death
resulting in death) a.	DUE TO (OR AS A CONSEQUENCE	CE OF):				
	1/0 Rhappomoly	ns				İ
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSEQUENC	CE OF):				
cause. Enter UNDERLYING CAUSE (Disease or Injury						
that initiated events	OUE TO (OR AS A CONSEQUENCE	CE OF):				
resulting in death) LAST d.						
PART II. Other significant conditions	contributing to deeth but not result	ing in the underlyin	a ceuse alven in	Part I. 24s. WAS AN	AUTOREV	24b. WERE AUTOPSY FINDINGS
	atel Cardinyop	a The	g veese given in	PERFOR	MED?	AVAILABLE PRIOR TO
.^		ar y		1 YES 2	NO	OF DEATH?
0 (	hanatron					1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL	news Plug					
EXAMINER?	HOSPITAL:	OTHER:	LACE OF DEATH (Ch	eck only one)		
1 VES 2 NO	1 Impatient 2 ER/Outpatient 3 Do	T E tietem lie		6 Other (Specify)		
1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b.	INJURY W	JURY AT ORK?	26d. DEŞCRIBE HOW II	JURY OCCURED	
2 Accident Investigation	20. 51.000 07 11111111		YES 2 NO			
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Al home, fe building, etc. (Specify)	erm, street, factory, offic	:•	281. LOCATION (Street a City or Town, Stete)	nd <b>Number or</b> Rur	al Route Number,
290. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my knowledge, death oc	coursed at the time of the	and place and d	to the granted and		
	On the beele of examination end/or investi					e(e) and manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DATE SIGN	PED (Month, Day, Year)
graniers					D 08	06 93
30. NAME AND ADDRESS OF PERSON WHO					0	
LIZA L. ILAG, MD		MV HOSP.	Loed 1	CAVEN BLU	0, 87	270, MD
AUG 0 9 1993	32. REGISTRAR'S SIGNATURE	2				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR
1	STATE
•	REGISTRAF

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

Lydia Cecelia	**) Hoddinot	t				2. DATE		AY 5	YEAR 93	3. TIME OF DEATH							
4. SOCIAL SECURITY NUMBER 219-12-7802	5. 9EX 1 □ M 2 本序	8. AGE (In yrs. lest bi	irthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	E OF BIRTH		6. BIRTI	I							
9a. FACILITY NAME (If not institution, gi	ve street and number)		9b. CITY, TOWN OR LOCATION OF DEA					EATH 9c. COUNTY									
Annapolis Conval		nter		Annap	olis			Ann	e Ar	undel							
IOe. STATE 10b. COU	-1111		Y, TOWN OR LOCA						10d. INSIDE CITY LIMITS?								
Maryland Mo		5.	ilver Sp	ring f. ZIP CODE			10g. CIT	IZEN OF	My YES 2 □ NO WHAT COUNTRY?								
2000 Osborn Dri	ve				20910				U.S	. A .							
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	NT EVER IN U.S. ARME 1 YES 2 NO WAR OR DATES		If yes, sp	CENDENT OF HISPA ecity Cuban, Maxic 22000 Spec	an, Puarto		s or No-	14. BAC	E — American Indian, k, White, atc.								
15. DECEDENT'S E (Specify only highest gr	DUCATION			USUAL OCCUPATION		16	b. KIND OF BU	SINESS/IN	DUSTRY	WILLCE							
Elementary/Secondary (0-12) 12 yrs	College (1-4 or 8	+) life. Do	s not u	work done during mose retired.)	ast or working		Real	Esta	ate								
r. FATHER'S NAME (First, Middle, Last) Charles	I	Read			18. MOTHER'S N. Edith		Middle, Maiden	Sumame)	Lil	y							
19a. INFORMANT'S NAME (Type/Print)		19b. N	MAILING	ADDRESS (Street &	and Number or Rural	Route Nun	nber, City or Tox	rn, State, Zi	ip Code)								
John Hoddinot	t	В	OX	388 Mort	on, Wasi	hingt	ton 983	356									
ROB. METHOD OF DISPOSITION    Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Sol		20b. PLACE AND cemetery, crema	D DATE	OF DISPOSITION (Na ther place)	ame of	OA"	TE 20c. LC	CATION -		own, State							
	LICENSEE /	Barto.	Na	22. NAME A		ACILITY		lto.		204							
Imale (	Scholy)	1/4					21. SIGNATURE OF PUNERAL SERVICE LICENSE 1050 YORK Rd. 21204										
23. PART I. Enter the diseases, shock, or heart fallu IMMEDIATE CAUSE (Final	re. List solly one ca	use on each line.		not enter the mo		runer	al Hom	ne, I	nc . rreat,								
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due To	O (OR AS A CONSEQUE	ENCE O	F):	ode of dying, au	runer	cal Hom	ne, I	nc.	Approximata Interval Betw Onset and D							
ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition	a. Due to	PO (OR AS A CONSEQUE	ENCE OF	F):	ode of dying, au	runer	ral Hom	le, I	nc .	Interval Betw							
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL: 1   Inpatient 2   20a. DATE O	O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS	ENCE OF	F):  26. PI OTHEB> 4 Proving Hom	g ceuse given in	n Pert I.	24a. WAS APPERFO	I AUTOPSY RMED?	246	Interval Betw Onset and D							
MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. 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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netfilled at once.



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EDET 18-6-17 U.A.

BALTIMORE, MARYLAND 21215-0020

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75	BE C	Prince E. John	son					Etta	a F.	Joh	nso	n			
otifie	0	19a, INFORMANT'S NAME (Type/Print)						nd Number or F			or Town,	State, Zip (	Code)		
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хаші		Aprile Rhote acce #281 E. I. Phillips E/H <sup>1721-27</sup> N. Monroe St.													
medical examiner must be notified		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate													
DOE		IMMEDIATE CAUSE (Final Onset and Death													
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28 is	ED TED	4 Nomicide 6 Could not be determined	building, etc. (Sp	эвсту)		Peri, Inches	My, Office			City or Town	, State)			oute Number,	7
ite i	PLETI	29a. CERTIFIER  (Check poly 1 CERTIFYING PHYSICIA	AN: To the best of my kno	auto		a as she the	ne data	-ad plans and		400				rind Roa	d
	COMPL	(Check only one)  2 MEDICAL EXAMINER:	On the basis of examinat	ion and/or i	investigation	i, in my of	pinion, de	and place, and	t the time, o	deta and pl	nd mann	er as stated	J. cause(a)	and manner as stated	
MPORTANT: II	E CC	29b. SIGNATURE AND TITLE OF CERTIFIER/	0.					29c. LICENSE						(Month, Day, Year)	_
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				11	L1 Pe	enn	Str	eet,	Bal	timo	re,	Mar	cyla	and 212	0 1
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1 - STATE REGISTRAR  1. DESEDENT'S NAME (First, Middle, I			ICATE OF D		REG. NO.		THE				
PORTHENIA	JON.	25			2. DATE OF DEATH MONTH DAY	4 93°	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 215 - 24 - 5/0	6 1 □ M 2 Ø F	6. AGE (in yrs. lest birthday) YRS.		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day Year)	96 Round	HPLACE (State or Foreign hy)  EM Carel N				
16. 11 1/11/06	BB. FACILITY NAME (I not institution, give, street and number) 4900 Seton 100 BB. CITY, TOWN OR LOCATION OF DEATH  BB. FACILITY NAME (I not institution, give, street and number) 4900 Seton 100 BB. CITY, TOWN OR LOCATION OF DEATH  BALTI MORE, Md 21213										
	NESIDENCE OF DECEDENT										
10e. STREET AND NUMBER  11. MARITAL STATUS  1 Never Married  2 Married	00 SetoN.	DRIVE	10f. Z	P CODE		USA	1 ✓ YES 2 ☐ NO WHAT COUNTRY?				
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21. SIGNATURE OF FUNERAL SERVICE	A- Jon	noin Ja	Mars and	ADDRESS OF FAC	4-west	ave					
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING	a. Due to	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	HEAR	ART T	PAIWRE DIEASE		Approximata Interval Between Onset and Death				
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25. WAS CASE REFERRED TO MEDIC	100		26. PLAC	E OF DEATH (Che	ck only one)						
1  YES 2  NO  27. MANNER OF DEATH  1  Neturel	28a. DATE OF (Month, De		JURY WORK	Y AT	8 Other (Specify) 28d. DESCRIBE HOW INJ	URY OCCURED					
2 Accident investigat 3 Suicide 6 Could no 4 Homicide detarmin	26s. PLACE Of building.	F INJURY — At home, term, atc. (Specify)	atreet, factory, offica		26f. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,				
	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
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Fasireen	WHO COMPLETED CAUS		220 PARK	HEI	CATTS Ar	E, B	AUD MA				
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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, towns after death. Page 6 may be retained by the attending physician and completely. It in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 687604

REG. NO

2. DATE OF DEATH MONTH 3. TIME OF DEATH Jenkins Leona August 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 218-18-3790 ManyLand 1 M 2 XF YRS. 7-21-19 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baptist Home Of Manyland FUNERAL DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Ad. Baltimore 1 - YES 2 1 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2529 Wentworth 21234 A24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ₹ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2000 Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried ВУ 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) Loan Processor Bank Of Baltimone notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard Wheatley filled in by the funeral director, page 5 should be ion, or removal. Stella Dunn BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles L. 834 Jenkins White Ave. Linthicum, Md. pe 20e. METHOD OF DISPOSITION

1 🌣 Buriel 2 🗆 Cremation 3 🗀 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Cant New 8/9 East Market CEm. New Market Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Hartley Miller Funeral Home
7527 Harford Rd. Balto. Md. lody medical 23. PART (/Enter toe diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata Interval Between shock, or haart fallure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Death the been signed by the attending physician and completely fille it. of Health and Mental Hygiene prior to burial, cremation, disease or condition requires that the death certificate be executed within resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? dale shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. ITANT: If Nem 28 is marked, or Nem 23 s 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 ND 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO ВУ 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town. State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beets of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. be filed within 7. 296. SIGNATURE AND TILL OF CENTIFIED fled v 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Mgnth, Day, Year) TIMOTHY HERUK Mer 161 73 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF DEATH (ITEM 27) (Type, Print) AUG 09 1993 32. REGISTRAR'S SIGN

3. TIME OF DEATN

REG. NO.

2. DATE OF DEATN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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2:48 7. DATE OF BIRTH SOCIAL SECURIT 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Worth, Day, Year) 244-12-1-689 HOURS use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH COUNTY OF DEATH
Baltimore Stella Maris Hospice Towson DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE OWSON 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10a CITIZEN OF WHAT COUNTRYS Pleasurt 204 USA within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ric 1 YES 2 NO Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY ğ Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. the funeral director, page 5 should be detached Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surneme) Joseph Leo Mullan notified at Agnes Bridget O'Connor BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 15509 Manor Rd. Monkton, Maryland 21111 E. Carole Bozman Pe 20s. METHOD OF DISPOSITION

1 2 Burisl 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must New Cathedral Cemetery August 9, Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home John G. Reitz (M-00804) 6500 York Rd. Baltimore, Maryland 21212 medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. filled in by ti Interval Between IMMEDIATE CAUSE (Finel Onset and Death this certificate has been signed by the attending physician and completely file with the State Dept. of Health and Mental Hyglene prior to burial, cremation, the disease or condition OUE TO (OR AS A CONSEQUENCE OF) 2 mos. resulting in death) traumatic event, executed CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING 2 CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST ŏ Injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATN (Check only one) OR ATTENDING PHYSICIAN: The item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO ng Nome 5 🗆 Residence 6 💢 Other (Specify) 6 Hospice 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATN 26b. TIME OF 28c. INJURY AT WORK? marked, 26d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY After t FUNERAL DIRECTOR: After the within 72 hours after dea RTANT: If item 28 is m 3 Sulcide 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER

1 💢 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATORE AND TITLE OF CERTIFIED CHARLE 29c. LICENSE NUMBER TO THE P TO THE P De filed v 29d. DATE SIGNED (Month, Day, Year) D 27087 D8 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Carla S. Alexander, M.D. - Stella Maris Hospice-Dulaney Valley Rd. - Towson 21204 Julia Davidson-Renda 12

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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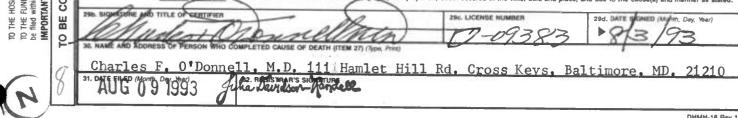
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH Marie DAY Belzemere Kingston 1993 August 3, 3:30 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign Country) 1 M 2X F DAYS HOURS 216-46-1519 YRS. 96 July 27,1897 Massachusetts 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 513 Anneslie Road Anneslie Baltimore County RESIDENCE OF DECEDENT 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore County Anneslie 1 WES 2 K NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 513 Anneslie Road 21212 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES FORCES? 1 YES 2 2 K NO 1 Never Married 2 Married ВҰ 1 YES 2 X NO Specify: 3 Widowed 4 Divorced Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use refired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 9 yrs. Practitioner Christian Scientist 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Kingsbury BE Corinne 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kirk Kingsbury Kingston 513 Anneslie Rd., Baltimore, Maryland 21212 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE Green Mount Cemetery August 5, 4 ☐ Donation 8 ☐ Other (Specify) 1993 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home 21. SIGNATURE OF FUNERAL SERVICE LICENSE the De John G. Reitz (M-00804) 6500 York Rd. Baltimore, Maryland 21212 23. PART if Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition A.S.C.V.D. YRS. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 □ NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 N Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide datarmined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as steted. 2 MEDICAL EXAMINER. On the beals of examination and/or investigation, in my opinion, death occurs at the time, data and place, and due to the cause(s) and menner se stated. 296. SIGNIGITIES AND TITLE OF CENTIFIES 29d. DATE STANED (Marin, Day, Your) BE



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	FOR
	STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF M					DEAT		MENIAL	REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)	·								OF DEATH			3. TIME OF DEATH
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4. SOCIAL SECURITY NUMBER			8. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER 2	4 HRS.	7. DATE C	OF BIRTH	,	8. BIRTH	PLACE (State or Foreign
218-03 <b>-</b> 159	1	1 🕅 M 2 🗆 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	3-2	Day, Year)		Mary	land
9a. FACILITY NAME (If not in	nstitution, give stre	eet and number)			9b. CITY	, TOWN C	R LOCATIO	N OF DE		. 1313	9c. COL	NTY OF D	
Franklin So	quare H	ospital		Rossville						Baltimore County			
10a. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
Maryland	Bal	timore	•	Baltimore							LIMITS?		
10e. STREET AND NUMBER						101	ZIP CODE		_		10g. CIT	IZEN OF W	HAT COUNTRY?
208 Linhigh	- Y						2123				U.	S.A.	
11. MARITAL STATUS 1 Never Merried 2 💢 3 Widowed 4 Dive	Married	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA WW	X YES 2 N R OR DATES	MED O		If yes, spe	ENDENT OF scify Cuben, 2 (X NO	Mexicen	, Puerto R	? (Specify Yea lican, etc.)	or No—	14. RACE Black Speck Whi	
	EDENT'S EDUCA		16a. DE0	CEDENT'S	USUAL O	CCUPATIO	N st of working		18b.	KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5+)	life.	Do NOT us	e retired.)		ervis						
17. FATHER'S NAME (First, M	liddle, Last)					0.00			WE (First. M	liddle, Maiden S	Sumama)		
	rebs						Els	ie	Mock				L. etc. c.
Marilynn D.			20	DAILING 1. 80	inhi	s (Street a gh A	nd Number o	Balt	timor	e, City or Town	State, Zi	236	
20e, METHOD OF DISPOSIT		-14	20b. PLACEA	NDDATEC	F DISPOS	SITION (Na			DATE			City or To	wn, State
4 Donation 5 Other		al from State	Parkwo	netory or of	emet	tery	8-	11-9	3	Balt	.o.,	Md.	-
21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE DOV H	Cather		22.	NAME AN	D ADDRESS	OF FAC	HLITY				
> Roy	H. Ca	there	Caulei		Le	onard	J. Ru	ıck, Iı	nc.,53	305 Hart	ford I	Rd.,Ba	lto.,Md.21214
IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	iona, diate ling	DUE TO (C	POSCIO	UENCE OF	ŋ: ŋ:	Carc	liova	isci	ular	Dise	ase		Interval Between Onset and Death
PART II. Other algnifice	nt conditions		eath but not re		n the ur	nderiying	) cause gi	ven in f	Part I.	24a. WAS AN / PERFORI 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	<u> </u>	HOSPITAL:			OTHER		ACE OF DEA	ATH (Che	ck only one	)			
1 🗆 YES 2 🔀 NO		1 Inpatient 2 X		□ DOA			5 🗆 Resi	dence 6	5 🗆 Other	(Specify)			
	Pending Investigation	26s. DATE OF III (Month, Day		28b. TIMI INJ		28c. INJI WOI 1   Y	RK?		26d. DEŞC	CRIBE HOW IN	JURY OC	CURED	
3 Suicide 6	Could not be determined	28s. PLACE OF building, et	INJURY — At horic. (Specify)	ne, ferm, s	treel, fect	M 1 YES 2 NO  sel, factory, office  28f. LOCATION (Street and Nu. City or Town, State)					nd Numbe	r or Rural R	oute Number,
		AN: To the best of m											
2   MEDI	CAL EXAMINER	On the basis of axa	mination and/or in	westigation	n, le my o	pinion, de	eth occured	d at the J	lime, date i	and place, and	due lo ti	ne cause(s)	and manner sa stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	MI					29c. LICEN	SE NUMI	BER		29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)						V		1 -
Mark Ervile	nbora	. M.D.	9000	Fra	nk 1 i	in S	ацая	e f	)riv	e. Ra	lti	พดหล	e, Maryland
31. DATE FILED (Month, Day, AUG 0 9	Year)	20. REGISTRAR	S SIGNATURE	WE.			7001			J, Da			21237

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages to filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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	1. DECEDENT'S NAME (First, Middle, Last)  FT HEL	B.	LET	7				MOR		DAY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1	wein I			8	6	993	
	500 38 3891	1 🗆 M 2 😾 F	88	YRS.			IF UNDER 24 HRS HOURS MIN.	(Mo	E OF BIRTH (1th, Day, Year)	05	8. BIRTHPL Country) Miss	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY, 1	TOWN OF	LOCATION OF					
5	University of	ta1	9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City ========									
Ĕ	RESIDENCE OF DECEDENT	Cai	Dar	Baltimore City =======								
2	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	NC				10	d, INSIDE CITY LIMITS?
ā	Maryland ===	=====		Ba	1timo	ore					1	YES 2 NO
A	10e. STREET AND NUMBER					10f. 2	ZIP CODE			10g. CIT	IZEN OF WHA	T COUNTRY?
<b>E</b>	421 S. Sharp St	reet					21201			I	J.S.A.	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN			13. W	AS DECE	NDENT OF NISE	ANIC ORIG	IN? (Specify Ye	a or No	14. RACE -	American Indian, fhita, alc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W		Мио		Yes, spec	offy Cuben, Mexi		Ricen, etc.)		Black, W Specify:	filta, alc.
												White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a.	DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCC	CUPATION	of working	- 10	b. KIND OF BU	JSINESS/INC	DUSTRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5 +				_						
Ā	12th Grade			Housew	ife				Home		2	
S	17. FATHER'S NAME (First, Middle, Last)	sa Bur	ton				18. MOTHER'S I	ophia				
BE		Da Dal	CO11									
2	19a. INFORMANT'S NAME (Type/Print)						Number or Run					
	Ronald C. Lett						e Stre	et				land 21230
	20a. METNOD OF OISPOSITION 1   Burlal 2 □ Cremation 3 □ Rame	oval from State	cemetery.	CEAND DATE OF A	her place)	ION (Nam	e of	1			City or Town,	
	4 Donation 5 Other (Specify)		But	talo C					12 Bu	ffalc	, Kan	sas
	St. Shart Gilgor Ponenac Service Co	7					J. GO		hineral	Home	o D A	
	Morgo DA	tonce	~									21225
	23. PART I. Enter the dispeses, or c shock, or heart failure. I	omplications that	caused the	death. Do r	ot antar th	na mode	e of dylng, su	ich as ca	rdiac or resp	iratory an	rast,	Approximate
	IMMEDIATE CAUSE (Pinal	Liat only one cau	se on each i	ine.			0					Interval Between Onset and Death
	disease or condition resulting in death)	Acut	te M	Uncas	dial	in	facet	100				12 hours
i	resoluting in deadily	OUE TO	OR AS A CON	GEQUENCE OF	7:		farct	10.1				12 vous
z		Coro	OR AS A CON	arte	F4 6	dis	ea se.					]
을 I	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CON	SEQUENCE OF	7: -1							
2	CAUSE (Disease or Injury											
Ë	that initiated events resulting in death) LAST	DUE TO	OR AS A CON	SEOUENCE OF	7):							
CERTIFICATION		1										
	PART II. Other significant conditions	contributing to	death but no	ot reaulting i	n the unde	eriying	cause given i	n Part I.	24a. WAS AF	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
EDICAL		1.	intar	9 1					PERFO		AM	AILABLE PRIOR TO
	4		LITTE	<u> </u>				_	1 TYES	2 NO		DEATH?
≥											1 [	YES 2 NO
₹I	25. WAS CASE REFERRED TO MEDICAL					26 Pl A	CE OF OEATH (	Thank anh	(			
PHYSICIAN: M	EXAMINER?  1 YES 2 NO	HOSPITAL:	FB/Outpetlant	3 [] DOA	OTHER:							
Ë∥	27. MANNER OF DEATH	28a. OATE OF	INJURY	28b, TIM		g Nome Bc. INJUF	5 Residence	_	SCRIBE HOW	IN BURY OC	CUBED	
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Ĕ	4 Nomicide determined	building,	etc. (Specify)					Cit	y or Town, State	)		, , , , , , , , , , , , , , , , , , , ,
۱ و	290. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the heat of	mi kaawladaa	double constraint	4 44 4							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	R: On the basis of ex	amination and/	or investigation	d at the time	e, date ar	nd place, and do	an to the co	euse(a) and ma	nner se stat	led.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	-			i, iii iiiy opii				a and piace, at			
H	7.CL		~ /		600	1	29c. LICENSE N	10-7		29d. OATI	E SIONEO (MO	onth, Day, Year)
၉	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CATE	E OF DEATH (I	TAFF	0<0/		11 30	183	4	9	4618	3
	TAMES /	COMPLETED CAUS	- 0			.0	D 44.5	3.1	1			
	31. OATE FILEO (Month, Day, Year)	32. REGISTRA	-	<u>иФ /</u>	UNI	v	I MI	) 17	027/	N 30	דדט	
2	AUG 0.9 1993	Juna Daine	And Rom	dese.					,			



STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.																
1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICATE OF BEATH					2. DATE OF DEATH			YEAR	3. TIM	E OF DEATH	_			
PAUL	I	LIGHTNER								MONTH DAY			500		M	
4. SOCIAL SECURITY NUMBER	5. SEX	arrived (in ) for root pirarouy)			UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH (Month, Day, Year)			8. BIFITHPLACE (State or Foreign Country)					
212-78-8367	XX M 2 D F				DAYS HOURS MIN.			5-20-61			MD					
9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY,	b. CITY, TOWN OR LOCATION OF DE								OF DEATH			
WASHINGTON COUNTY HOSPITAL HAGERSTOWN											_					
10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OF	R LOCAT	ION								ISIDE CITY		
MD		BALT				TIMORE								YES 2 NO	-	
10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT											DUNTRY?					
1228 GILMORE STREET 21217 U.S.A.																
11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO			13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexices				HC ORIGIN? (Specify Yes or No. 14. in, Puerto Rican, etc.)			14. RACI Black	E — Ame k, White,	ericen Indien, , etc.		
3 Widowed 4 Divorced	IF YES, GIVE W	IF YES, GIVE WAR OR DATES				1 VES 2 NO Specify								Specify: BLACK		
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16e. I	DECEDENT'S	USUAL OC	CUPATIO	ON .		16b	. KIND C	OF BUSII	NESS/IND		LACI		_	
Elementary/Secondary (0-12)	College (1-4 or 5+	)	(Give king or v life. Do NOT us	work done au se retired.)	k done during most of working etired.)											
llth			UNEMP	LOYED												
17. FATHER'S NAME (First, Middle, Last)								S NAME (First, Middle, Maiden Surneme)								
TOMMIE LIGHTNE	R, SR.							WES								
190. INFORMANT'S NAME (Type/Print) DAISEY LIGHTNER	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) DAISEY LIGHTNER 1228 GILMORE ST /BALTIMORE, MD 21217															
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4 Donation 5 Other (Specify)			MEMO	RTAL						RAN	DALI	STO	WN.	MD		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. N	IAME AN	D ADDRES	SS OF FA	CILITY								
WM.C.MARCH F.H./1101 E. NORTH AVENUE																
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													VENU	76		
23. PART I. Enter the diseases, or c shock, or heart failure.	omplications that List only one caus	caused the d	death. Do n										A	Approximate	20	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) AUG 0 9 1993

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<b>MARYLAND 21215-</b>	and & may be retnined by the bonde
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF H	HEALTH AND I		YGIENE EG, NO.	) (	22900	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D		YEAR	3. TIME OF DEATH	
		Robert Lewis					<b>МОМТН</b>		93	10pm M	
pla		239-30-5998 9a. FACILITY NAME (If not institution, give st	1 M 2 D F 68	In yrs, last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 7/28)	/25	Nort	h Carolina	
, 2, 3 should	TOR	163 Souther	/	RACE	parts.	SEX	EATH	Bc. COUN	11	MORC	
it. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY  Ada BA	ffor	10c. C/1	Y, TOWN OR LOCA	TION			1	10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
n. Insit permit.	ERAL	163 South = Ast	RN TERRA	CE	10	1. ZIP CODE		10g. CITIZ		HAT COUNTRY?	
5-UUZU Inding physician. as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	If yes, sp	CENDENT OF NISPAN Hecity Cuban, Mexica 2 NO Specify	n, Puerto Rican	ecify Yes or No— , etc.)	Black,	American Indian, White, etc.	
attendii	ED	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIM	O OF BUSINESS/INDU	~ "	ACI	
Z al or for u	PLET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of	work done during mo	ost of working	1000 1011	O BOOMESS/MDC	Jini		
# 2 2 E	l w l	17. FATHER'S NAME (First, Middle, Last)	Thack	FR		18. MOTHER'S NA	ME (First, Middle	Meiden Surname)	13		
be retained ge 5 should e notified	TO B	19a. INFORMANT'S NAME (Typo/Print)  ALCE BA	Rogden	19b. MAILING	ADDRESS (Street a	and Number or Flural F	Poute Number, C	BALTO. M	Code)	2/22/	
Page 6 may be a director, page ner must be r		20a. METHOD OF DISPOSITION  1   Burial   2   Cremation   3   Ramo 4   Donation   5   Other (Specify)	val from State cam	PLACE AND DATE	of disposition (Net)	ame of CEM	8//2	20c. LOCATION - C	My or Tow	, State Md	
death. death. e funera		21. SIGNATURE OF PUREFAL BERRYICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. BROWN  120 QW, North AVE									
24 hours at filled in by ion, or remin		23. PART I. Enter the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	omplications that caused lat only one cause on as	the death. Do	not enter the mo	ode of dying, such	h as cardiac	or respiratory arre	st,	Approximate interval Between Onset and Death	
cecuted within 24 in completely fille burial, cremation, atte event, the		resulting in death)	Lung Cance	er (squa conscouence o	mo⊔s ce F):	11)				13 months	
4 8 " O E	FICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):						
· 이 결국 등	토	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE O	F):						
0 0 0 = 1	AL CE	DART II Oak on also Misson as a Mai									
le law requires that the has been signed by the Dept. of Health and M		PART II. Other significant conditions	contributing to death be	ut not reaulting	in the underlying	g cause given in		WAS AN AUTOPSY PERIFORMED? YES 2 NO		MERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO	
law recast been as been of 23 sh										3	
N: The ficate has State D	SICIAN		HOSPITAL:		26. PI	LACE OF DEATH (Che	eck only one)	Daught	er!s	home	
PHYSICIAN: The this certificate with the State	PHYS	1  YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpo	ntient 3 DOA	4 - Nursing Horn	BURY AT		E HOW INJURY OCO		home astern Terr	
NG PHYS frer this c eath with marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY WO	PRK? YES 2 NO	200. DESCRIB	E NOW INSONT OCCU	MED		
STTENDI CTOR: A after d	ETED B	2 Accident investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Speci	— At home, farm,	street, factory, offic	•	28f. LOCATION City or Tox	I (Street and Number on, State)	r Aural Ao	ute Number,	
RO OH	COMPLE	29a. CERTIFIER (Check only one)  1  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
E FUN d with	E C	29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NUM				Month, Day, Year)	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 t	TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	49 Aug 9,1993							
			10 N Greene	Baltim	ore. MD	21201			-		
	+,	31. DATE FILED (Month, Day, Year)  AUG 0 9 1993	32. REGISTRAR'S SIGNA	TURE							
			M	and the same							

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		CERTIF	ICATE OF		REG. NO		
- 1	1. DECEDENT'S NAME (First, Middle, Last)		1,00	110	-	2. DATE OF DEATH		3. TIME OF DEATH
U	WALTER	7 1	1 CL	ARTE	2	000 0	5 9	5:13pm
		SEX 6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day You)	99 MA	INTERPLACE (State or Foreign ountry) RYLAND
DIRECTOR	90. FACILITY NAME (If not institution, give street of BON SECOURS HESIDENCE OF DECEDENT	OSPITAL		96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
	MARYLAND		BAL	TIMORE				LIMITS?
FUNERAL	10e. STREET AND NUMBER 4401 DUNLAND RD				1. ZIP COPE 21229		109. CITIZEN	OF WNAT COUNTRY?
B₹	1 Never Married 2 Merried	WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 NO	If yes, s	CENOENT OF HISPA Decify Cuben, Mexic 3 2 NO Speci	NIC ORIGIN? (Specify Yes en, Puerto Rican, atc.) fy:	1	NACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	N 1 lieted)		USUAL OCCUPAT		16b. KIND OF BU	SINESS/INDUSTF	Y
APL			LABO	KEK				
	17. FATNER'S NAME (First, Middle, Last)	-			16. MOTNER'S NA	AME (First, Middle, Maiden	Surname)	
TO BE	198. INFORMANT'S NAME (Type/Print) DARLENE MC CARTE	R	196. MAILING	ADDRESS (Street	and Number or Rural E ST. B	Route Number, City or Tow ALTIMORE	n, State, Zip Code	1217
]	20s. METHOD OF DISPOSITION 1 Burlel & Cremation 3 Removal 1	Prom State 20b. Prometer	LACE AND DATE of	OF DISPOSITION (N	N CEMET		CATION — City o	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	× /		22, NAME A	ND ADDRESS OF FA	CILITY		NORTH AVE.
-	- William	N.						
	23. PART I. Enter the diseases, or compshock, or heert feilure. List diseases or condition resulting in death)	only one ceuse on eec	he deeth. Do r h ilne.	not enter the m	ode of dying, suc	ch as cerdiac or respi	ratory errest,	Approximate Interval Batween Onset and Death
_	· ·	A DONAS A O	ONSEQUENCE OF	fu	Perso	CARD	S/OH	F
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	MUSO CO	ONSEQUENCE OF	6 1	utino	two.	100	1
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	Gosta Sosta	ONSEQUENCE OF	estru	el s	leedu	p.	
	PART II. Other significant conditions con	ntributing to dijuth but	not/resulting	in the underlying	a cause alven in	Part I. 24a. WISAN	AUTOPSV	24b. WERE AUTOPSY FINDINGS
DICAL	DVI GILia	C, Mes	yalt.	7 (	de	PERFOR	IMEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MED	Metabolic	aced	exes	Dal	1	1 □ YES 2	S NO	OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	Cenone	9	ree	LACE OF DEATH (C)			
SICI	EXAMINER?	SPITAL: Inpettent 2 - ER/Outpati	am. 3 🗆 804	OTHER:				
Ä	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIM	E OF 28c. IN	IURY AT	6 Other (Specify) 28d. OEŞCRIBE NOW II	NJURY OCCUPE	)
ВУ Р	Neturel 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆	ORK? YES 2 NO			
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, stc. (Specify)	At home, farm, s	street, factory, offic	a	261. LOCATION (Street a City or Town, Stete)	and Number or Ru	ral Route Number,
필		To the best of my knowled						
Į į	2 MEDICAL EXAMINER: On	the basis of examination e	nd/or investigatio	n, In my opinion,	leath occured at the	time, date end place, an	d due to the ceu	so(e) and menner as stated.
H	29b. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUI	MBER (2) 30 ·	29d. DATE SIGN	NED (Month, Day, Year)
1	30. NAME AND ADDRESS OF PERSON WHO CON	CY CE	H (ITEM 27) (Type,	Print) Boy	Ser	care H	850	fal
2	31. DAYE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI	URE			W13 10		0
	AUG 0 9 1993 9	chia Devidson A	indelle					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hospital or attending physician. detached urs after death. Page 6 may be retained by the 2 page 5 should funeral director. completely filled in by the ation, or removal. стет the death certificate be executed with burial. and Drior 10 the attending physician Hygiene signed by the atten Health and Mental H Health a HOSPITAL OR ATTENDING PHYSICIAN: The law requires has been 10 Dept. certificate h the this c After death DIRECTOR: / hours TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h

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Item

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 MARVEL BETTY ELAINE 05, August 2:00 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) ug. 05,  $\frac{219-30-6121}{218-28-0431}$ 1 M 2 X F YRS. 69 Aug. 1924 Maryland 9a. FACILITY NAME (If not institution, give atreet end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore Manor Care, Ruxton Ruxton RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d INSIDE CITY Baltimore Maryland Ruxton 1 YES 2 XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7001 N. Charles St. 21204 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 AND 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 TY NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 9 years Disabled 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marguerite Hogg Norman Clyde Marvel BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Thomas Marvel 6921 Clarendon Road Bethesda, Maryland 20814 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 ⚠ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE 4 Donation 5 Other (Specify) \_ 8-9 Green Mount Crematory Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6500 York Rd. Balto. MD (-erras 21212 George J. Ferrarse Mitchell-Wiedefeld Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List Dniy Dne ceuse Dn each fine. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) rende Unnic DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 Viursing Home 8 Rasidence 8 Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Sulcide 28a. PLACE OF INJURY - At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIMER 29c. LICENSE NUMBER 29d. DATE SIONED (Mgnth, Day, Yber) BE 1:32 8 6 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RHE 20



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1 - FOR STATE REGIST

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN				CERTIF	ICALI	CUF	DEA	П		REG. NO.			
	1. DECEDENT'S NAME (First, Lula 0.	-	h y						11	2. OATE MONTE	6- 1	93	EAR	3. TIME OF DEATN  A M
	4. SOCIAL SECURITY NUMBER 212-46-440		5. SEX 1 M 2 XF	6. AGE (In 7.8	yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	(Monti	OF BIRTH Day, Year)	8.	Country,	
	9e. FACILITY NAME (If not ins	titution, give at	treet and number)	70		9b. CITY	r, TOWN I	DR LOCATI	ON OF DE		1-19.	9c. COUNTY		land
HOT:	8122 Bull	neck	Rd.,			Du	nda.	l k				Ba1	tim	ore
DIRECTOR	Md.	Balt	timore		- 1111	nda:		TION						10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	100. STREET AND NUMBER 8122 Bull	neck	Rd.				10	1. ZIP COD				U.S	N OF W	HAT COUNTRY?
N N	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT C	OF NISPANI	IC ORIGIN	7 (Specify. Yes		RACE	- American Indian,
B	1 Never Married 2 0 8 3 X Widowed 4 Divor	25777	FORCES? 1						n, Mexican Specify:		Rican, etc.)	W	Specify 1 1 t	White, etc.
	(Specify only	DENT'S EOUC highest grade		1	6a. DECEDENT'S	work done	CCUPATION MICE	ON ost of workli	ng -	16b	KIND OF BUS	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0- 12 yrs	12)	College (1-4 or 5		™ <i>∞ № </i> Homema						Own I	lome		
	17. FATHER'S NAME (First, Mid			100							Aiddle, Maiden			
BE	CHarles H		cker		19b. MAILING	AODRES	S. (Street )				clair		-	
2	Garey E.		n y								to., N			2
	20a. METHOD OF DISPOSITION 1 Durial 2 Department of Donation 6 Other (	Specify)		Gre	LACE AND DATE ory, cromotory, or o SEN MO	OF OISPOS	Cre	eme of	orv	0AT		CATION - CIT		
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEEEdis	on M	Dork	- 1 22.	NAME A	ND ADDRE	SS OF FAC	YTLIK				21222
	Educa	M!	Perker	4	D0008	3 21	134°	id te	y-As low	hto	n Fun	eral d, Dur	Ho	me; Md.
ATION	23. PART I. Enter the dissection of the IMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to immediates. Enter UNDERLYING.	ert failure. I	a. Due to	OR AS A C	CONSEQUENCE C	Jee	rex		rse	as	Q			Interval Between Onset and Dasth
CERTIFICATION	CAUSE (Disesse or Injurthat initiated events reaulting in death) LAST	y \ '	DUE TO	(OR AS A C	ONSEQUENCE O	F):								
	PART II. Other significan	t condition	s contributing to	death but	not resulting	in the u	nderlyin	g cause (	given in F	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL											PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:			OTHE		LACE OF D	EATN (Che	ck only or	(0)			
1XS	1 TYES 2 ND		1 Inpetient 2 I		ient 3 🗆 DOA	4 🗆 Nu	rsing Non	O S R	esidence (		r (Specify)	N HIPN OCCU	nen.	
BY P	1 Netural 5 P	ending westigation	(Month, E	lay, Ybar)		JURY M	1 [	DRK?	] NO	280. DE	CHIBE NOW I	NJUNT OCCU	TED	
		could not be etermined	28a, PLACE C building,	F INJURY — etc. (Specify	- At home, farm,	streat, fac	tory, offic	•			ATION (Street a or Town, State)	and Number or	Rural Ro	oute Number,
OMPLETED	anal		CIAN: To the best of R: On the basis of a											and manner as steted.
Ŭ	295 SIGNATURE AND TITLE				0 1	0			ENSE NUM					(Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF	001	Theh	MD	(ash	Kon	st	7-	-16	36	2	181	6	93
1	SHELDON	H. (	GOTALE	15. W	40 A	-94	0 9	cas	ter	NA	tre f	ralte	un	Md 2 R24
5	APIG 19 199	ar) du	Le Davido	IR'S BONA	ER .									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		FOR
1	-	STATE
		REGISTRAR

1. DECEDENT'S NAME (First	st, Middle, Las	1)								TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
ANNE R. MA	KXXXXX	AXX AX	NN FRANZ	MAT	JKAIT	TIS				ust 3		993	3:45 A.M.
4. SOCIAL SECURITY NUM	777	5. SEX	6. AGE (In yrs. la	ast birthday)		1	IF UNDER		/04	TE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
215-46-89	76	1 🗆 M 2 💢 F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	Se	pt.5,	1946	Ba	altimore, Mc
9a. FACILITY NAME (If not							OR LOCATI	ON OF DI	EATN		9c. COL	INTY OF E	
Fallston		Hospital			F	alls	ston				H	Harfo	ord
RESIDENCE OF DE	10b. COUR	ITY		10c CIT	ry, TOWN	OB LOCAT	TION						10d. INSIDE CITY
Maryland		Harfor	'd	100.01	1, 10411	On LOCAL	ion	Fal	llst	on			LIMITS?
10e. STREET AND NUMBER	R		-			100	. ZIP COD		1130	,011	100 011	TIZEN OF I	1 TYES 2 NO
	27	05 Harfor	d Rd.					210	7/17			J S A	
11. MARITAL STATUS			NT EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT (			GIN? (Specify Y			
1 Never Married 2 3 Widowed 4 X Div		FORCES?	MAR OR DATES	NO	3	If yes, sp		in, Mexico	en, Puer	to Rican, etc.)		Blac	E — American Indian, ik, White, etc.
		1											White
15. DE (Specify or	CEDENT'S EL	DUCATION de completed)	16a. D	ECEDENT'S Give kind of b. Do NOT u	Work done	during mo	ON ost of world	ng	1	16b. KIND OF B	USINESS/IN	DUSTRY	
12 VIS	(0-12)	College (1-4 or 8 6 VIS.	+)	Socia						Honfo	C-	C:	
17. FATHER'S NAME (First, I	Adjoint 1	O y13.		00016	T MO	TVEL	_	ugene				J. (1	rcuit Cour
IV. CALITER S NAME (F#St, I		J. Howard	Franz				- 1100	her's NA		t, Middle, Meide		Barkd	1011
19a. INFORMANT'S NAME		O. HOWAIU		Dis MAN and	ADDRES	D /D+				umber, City or To			IOTT
Dr. J. How		ranz	"							ille, M			,
20a. METHOD OF DISPOSI		- WIIE	20b.PLACE					· L/TI			OCATION -	21087	
1 Buriel 2 Cremet	lon 3 🗆 Ra	moval from State	Metr				arne or	3-6	1				ld. 21229
	or (Specify)		_	0 010	ind co	- y			)- 1/	// Da	TUTING	TC 91	IU. ZIZZI
21. SIGNATURE OF FUNER	AL SERVICE	LICENSEE			22.	NAME AP	ND ADDRE	SS OF FA	CILITY				
		0					ND ADDRE						
23. PART I. Enter the canonic shock, or IMMEDIATE CAUSE (Fidiesse or condition	Las diseases, o heart fallum	salus r complications the	use on each lin	0.	not enter	1175 r ths mo	O Be	lair Ing, suc	Rd ch ss c	.Kings	ville piratory si	, Md . rrest,	21087 Approximats interval Batwe
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020	Fours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit, or removal.	medical examiner must be notified at once.
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**CERTIFICATE OF DEATH** REG. NO 2. DATE OF DEATN R)MONTH 08 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH DAY (FRIEDA MILLE 05 43 rie L. 4:104 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign Country) 71 HOURS 216-18-3056 1 - M 2 XF YRS. 5/21/1922 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3506 BANCROFT RD. 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, stc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Surname)
EVA GREENBERG SAMUEL LAPIDUS BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 5 MR. PAUL P. MILLER 3506 BANCROFT RD. BALTO., MD 21215 20s METHOD OF DISPOSITION
20 Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donatton 5 D Other (Specify) BETH TFILOH 8/6/93 BALTIMORE, MD 21. BIGHATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. Milare 6010 REISTERTOWN RD. BALTO. 21215 (21. PART). Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition pladder Omonths Jal! resulting in death) DUE TO (OR AS A CONSEQUENCE OF): neumonia CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Anemia
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Ainpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 D Nu ng Nome 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide determined COMPL 1X CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER 105 93 2 PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Donald C, Falgoust - SINAT. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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AUG D R 1983 July Comments

1 - STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

<b>6</b> ,		DECEDENT'S NAME (First, Middle, Last)	CHARLES	MILLER						2. DATE OF DEATH AUGUST 2	,, 1993	YEAR	3. TIME OF DEATH 7:25 PM M
79		4. SOCIAL SECURITY NUMBER 217-01-3997	5. SEX 1 🔀 48 2 🗍 F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) JUNE 24, 1	.904	Country	PLACE (State or Foreign
2, 3 should	TOR	90. FACILITY NAME (If not institution, give NORTHWEST HOSP) RESIDENCE OF DECEMENT		ER				ALLS				ALTI	
mit. Pages 1,	DIRECTOR	MARYT.AND	BALTIMOR	E	10c. CIT	Y, TOWN O	LTIM	ORE					10d. INSIDE CITY LIMITS? 1 YES 2 XXXX
	VERAL	3404 KELOX ROAI					101	212			10g. CITI	US,	THAT COUNTRY?
5-002p nding prinsel is the bu	BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. AR	MED NO		If yes, sp		ın, Mexici	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) in, Puerto Rican, atc.) iy:	or No	14. RACE Black Specif	- American Indian, , Whita, atc. y: WHITE
2121 al or atte for use a	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5	(G	ive kind of . Do NOT u	work done se retired.)	during ma	st of world	ng	186. KIND OF BU	SINESS/IND		
YLA by the be de	ш	17. FATNER'S NAME (First, Middle, Lest) BARNEY MILLER	2							ME (First, Middle, Malden PRUDE BLOCK			
MARY e retained b s 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print) MRS BARBARA WII	AN	19	1.34	WRIG	S (Street a	OD F	or Aurei	Route Number, City or Tow E STERLING	n, State, Zip VA	<sup>Code)</sup> 2016	4
IORE, e 6 may be ector, page must be		20e_METNOD OF DISPOSITION 1 (2)Burlal 2   Cremation 3   Rei 4   Donation 6   Other (Specify)	noval from Stata	20b.PLACE					RAEI	DATE 20c. LO 8-6-93 BA	CATION —		
ALTIN death. Pag funeral dir examiner		21. SIGNATURE OF FUNERAL SERVICE L	//	non			SOL		NSO	N & BROS.,		MODE	, MD 21215
OX 68760.  Be be executed within mours after sician and completely filled in by the rich to burial, cremation, or removal traumatic event, the medical	CATION	23. PART I. Enter tha disesses, prescok, or heart fellure immediate CAUSE (Final disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	s. Sue TO	O (OR AS A CONSE	QUENCE O	PI CON	the mo	C	ing, suc	1 mfn  dis	en		Approximate interval Between Onset and Death
P.O. B th certificat ending phy I Hygiene p or other	CERTIFIC	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):							A.
RECORDS, requires that the dear open signed by the att of Hearth and Menta shows any injury,	: MEDICAL C	PART II. Other significant condition	ns contributing to	death but not a	resulting	in the ur	nderlyin	g cause	given in	Part I. 24a. WAS AN PERFOI	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
VITAL RE IAN: The law req tificate has been e State Dept. of or flem 23 sho	YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	t ER/Outpetient 3		OTHE	R:			neck only one)			
OF V PHYSICIA this certif with the ted, or	ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF (Month), E	FINJURY	28b. TIN	_	26c. INJ WC			6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCC	CURED	
ISIC TTENDI TOR: A after de	ETED	3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE C building,	OF INJURY — At he , atc. (Specify)	eme, farm,	atreet, fec	tory, offic			281. LOCATION (Street City or Town, State)	and Number	or Rural R	oute Number,
로 당 본 본	COMPLE									a to the cause(s) end ma o time, data and place, ar			and menner as stated.
TO THE HOSPIT TO THE FUNER be filed within IMPORTANT:	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Sund	m	n			29c. LIC	ENSE NU	MBER 304	29d. DATE	SIGNED	(Month, Dey, Year)
	F	30. NAME AND ADDRESS OF PERSON W.	HO COMPLETED CAU	Deeste			m	D	211	136			
	12)	31. DATE FILED (Month, Dey, Year)		AR'S SIGNATURE	PART.							Ą.	

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MVISION OF VITAL RECORDS, P.O. BOX 68760,	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within minimum rous after death. Page 6 may be retained by the hospital or attending physician.	atther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should eath with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re	TO THE FUNERAL DIRECTOR: After this certificate has bee be filed within 72 hours after death with the State Deot. or	IMPORTANT: If item 28 is marked, or item 23 sh

1. DECEDENT'S NAME (First, Mici. ANN NE	idie, Last) A	nn Lou	ise (	Ring	gold) N	eddo	2. DATE OF MONTH AUG.	DEATH DAY	β-4- 199	93 YEAR	3. TIME OF DEATH  8:00A
4. SOCIAL SECURITY NUMBER 564-03-470		SEX	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Di	ay. Year)		Countr	PLACE (State or Foreign
9a. FACILITY NAME (If not institu	tion, give stree	t and number)	- / /		9b. CITY, TOWN	OR LOCATION OF DE		10	9c. COUN	ITY OF D	
Greater Bal		re Med	Cent	er	Tows	on					more Co
	b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
Maryland H	Balti	more C	ounty	7	Towson						1 YES 2 NO
746 Camber	cley	Circle	A7		10	f. ZIP CODE 2 1 2 0	4		10g. CITI	US.	VHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Mar  3 Widowed 4 Divorced	mled	2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	If yes, sp	CENDENT OF HISPAN Hecity Cuban, Maxica 3 2 NO Specify	n, Puerto Rica		or No—	14. RACE Black Speci	- American Indian, c, White, alc.
15. DECEDE (Specify only hig Elementary/Secondary (0-12)		TION mpleted) College (1-4 or 5		DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during me se retired.)	ON ost of working		ND OF BUSI			D-74
12 +		college (Ind Or 5		Secr	etary		Bal	timo	re (	coun	nty Poli
17. FATHER'S NAME (First, Middle Arthur J.		blor				16. MOTHER'S NA			Sumama) Dun l	lan	
19a. INFORMANT'S NAME (Type)		,014		19b. MAILING	ADDRESS (Street	and Number or Rural I					
Donna A. C						ay East					19975 claware
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion		of from State		CE AND DATE	OF DISPOSITION (Nother place)	ame of	DATE	20c. LOC	ATION -	City or To	wn, Stata
4 Donation 5 □ Other (Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specific Property Specifi	ERVICE LICEN	nplications the	t caused the	death. Do	655W.	Baltimo	rest	,Bal	to,M	ID 2	1201
43	ERVICE LICEN	nplications that to only one cau	t caused the ise on each !	death. Do	655W.	Baltimo	rest,	,Bal	to,M	ID 2	
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, ps the find within 29 hours after death with the State fleet of Health and Mental Hynlane prior to hursal cremonal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must it

30. NAME AND ADDRESS OF PERSON W

32 REGISTRAR'S SIGNATURE

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	1 - FOR STATE OF MA	ARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	1
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	Levester Nutt			AUGUST 5	1993 4:15 PM
1	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 K F	AGE (in yrs. lest birthday) 80 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign WHOWITH STONE, VA
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5	11 MARITAL STATUS 12. WAS DECEDENT I	EVER IN U.S. ARMED YES 2 YNO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic	NIC ORIGIN? (Specify Yes or No	- 14. RACE — American Indian, Black, White, atc.
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	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATION rork done during most of working e retired.)	16b. KIND OF BUSINESS	MINDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	unemp			
S	17. FATHER'S NAME (First, Middle, Last) ARCHIE RICE		18. MOTHER'S N	AME (First, Middle, Maiden Surnan	ne)
BE		19h MAII ING	ADDRESS (Street and Number or Rural		
오	WILLIE MAE HINTON	3829	PARK HEIGHTS	BALTIMORE	, MD 21215
	20e. METHOD OF DISPOSITION  1) Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	206. PLACE AND DATE O	PEDISPOSITION (Name of the CEE) METERY		N — City or Town, State I MORE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF F	ACILITY	
	- Ulnuson Cox				1 E. NORTH AVE.
	23. PART i. Entar tha diseasea, or complications that c ahock, or haart fallure. List only one cause	aused the death. Do no on each line.	ot anter the mode of dying, su	ch aa cardiac or raapiratory	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	A. A			Onset and Death
		R AS A CONSEQUENCE OF	):		11day5
Z	C b. LI	VER MAS	SSES		11 days
E	if any, leading to immediate	R AS A CONSEQUENCE OF	):		liacy
	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events  C.  DUE TO (0)	R AS A CONSEQUENCE OF	)•		
CERTIFICATION	resulting in daath) LAST		r		
	PADT II Other significant and distance with No. 4				
N N	PART II. Other algorificant conditions contributing to de	eath but not reaulting in	n tha underlying cause given in	Part i. 24a. WAS AN AUTOF PERFORMED?	AVAILABLE PRIDE TO
Ē				1 TES 2 NO	COMPLETION OF CAUSE OF DEATH?
Σ				—	1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (C.	heck only one)	
Sic	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Of inpatient 2   E		OTHER: 4   Nursing Home 5   Reeldence		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28s. DATE OF IN	JURY 28b. TIME	OF 28c. INJURY AT	26d. DESCRIBE HOW INJURY	OCCURED
ВУ	2 Accident Investigation	3/1993	M 1 ☐ YES 2 ☑ NO		
	3 Suicide 6 Could not be 4 Homicide datermined	NJURY — At home, ferm, st (Specify)	treet, factory, office	281. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,
PLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurre	d at the time, date end piece, and du	s to the cause(e) end manner ee	e atated.
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of exer				
BE	296. SIGNATURE OF TITLE OF CERTIFIER		29c. LICENSE NU	MBER 29d.	DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)	- 475 674 FA	Augus 1, 1993
	UNION MEMORIAL H	SPITAL _	BALTIMORE -	THE ATENLEME	21218

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the 52 state begr. of Health and Merital Hydiene prior to burlat, correction, or endowal. WINDRITANT: If them 28 is marked not them 28 is marked for them 28 is marked for them 28 is marked.
5 5 3

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	TMEN'	T OF H	EALTH DEAT	AND I	MENTA	L HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)     Lewis C, N	VIXON	CLEMEN	ITS	NI	XON,	SR		MOH	E OF DEATH &	3-5-9	3 144	3. TIME OF DEATH	
		6. SEX 6.	AGE (in yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mon	OF BIRTH th, Day, Year)	T	a. BIFITHE Country		
	9a. FACILITY NAME (If not institution, give stree	t and number)	, ,		9b. CITY	, TOWN C	R LOCATI	ON OF DE		1-1916	9c. COUN		ryland	
DIRECTOR	Liberty Medical	Center			Ва	lti	more	9					_na	
IRE	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION								T	10d. INSIDE CITY LIMITS?	
	Maryland na		Baltimore 100, ZIP CODE									1 YES 2 NO		
FUNERAL	3405 Dennlyn Ro	ad				100		1215	5		10g. C1112		SA	
P.C.	11. MARITAL STATUS 1:	2. WAS DECEDENT ET	VER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F NISPAN	IIC ORIGI	N? (Specify Yea	or No-	14. RACE	- American Indien, White, atc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR					2 NO			Rican, atc.)		Specify	·	
	15. DECEDENT'S EDUCAT	ION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	IN .		16	b. KIND OF BUS	INESS/INDU	ISTRY	Black	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12+ 4  17. FATHER'S NAME (First, Middle, Last)  To how It is a superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superintend of the superinte									У					
MP	12+	4		upe		end						on	Dept	
	John William Ni	xon, Sr							, ,	Middle, Maiden Eusta		Clei	ments	
TO BE	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural F	Route Num	ber, City or Town	, State, Zip (			
۲	Mrs Beatrice Niz	kon	3 4	105	Deni	nlyr	Ro	ad,	Bal	timore	, MD	212	15	
20s. METHOD OF DISPOSITION 1 General 2 Generation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City of cemetery, crematory or other place)									ity or Tow	rn, State				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	see Ronald	l Wade	,Di			D ADDRES						y Board	
	local B. En	funt								t,Bal			1201	
	23. PART I. Enter the disesses, pr con ahock, pr heert fellure. Lis iMMEDIATE CAUSE (Final disease or condition	t Dnly Dne ceuse	on eech line.								ratory arre	et,	Approximate Interval Between Onset and Death	
	disease or condition													
N	Sequentially list conditions b.													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEO	UENCE OF	j:									
ERT	reaulting in death) LAST													
AL C	PART II. Other significent conditions of	ontributing to dec	oth but not re	suiting i	n the un	derlying	ceuse g	iven in i	Part I.	24a, WAS AN	AUTOPŞY	24b. 1	WERE AUTOPSY FINDINGS	
걸										PERFOR	. /		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ME												1	OF DEATH?	
A Ä	25. WAS CASE REFERRED TO MEDICAL													
PHYSICIAN: MEDIC	EXAMINER?	OSPITAL:	10.1.11.1.1		OTHER	<b>1</b> :	ACE OF DE							
¥	27. MANNES OF DEATN	26a. DATE OF INJI	URY	26b. TIME	OF	28c. INJU		sidence		SCRIBE HOW IN	JURY OCCU	RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	bar)	INJ	URY M	1 🗌 Y	RK? ES 2 [	NO						
COMPLETED	3 Suicide 6 Could not be determined	28s. PLACE OF IN. building, etc.	JURY — At hon (Specify)	ne, tarm, s	treet, fact	ory, office				ATION (Street a or Town, State)	nd Number o	r Rural Ro	ute Number,	
٦ ا ا	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my	knowledge, dea	rth occurre	d at the ti	me, deta	and place.	and due	to the car	use(s) and men	ner as states	1.		
NO.	one) 2 MEDICAL EXAMINER: 0												and manner as stated.	
									SIGNED (	Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CALLES O	E DEATH STEE	27) (5	Onine)		V	713	560		A	19=	5, 1993	
	George E. Wic	KS III	- DEATH (ITEM	21) (1)/00.	ibei	rty	Me	dica	1 (	ente	~			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE				_				-			
	AUG 9 1993 4	inden-Rea	det.											

TO THE FLINERAL DIRECTOR: And be fied within 72 hours after deal IMPORTANT. If item 28 is m

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AUG 09 1993

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	ector,	E I
	ral din	ner
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	and completely filled in by the burial, cremation, or removal	ES
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	fler this certificate has been signed by the attending physician a eath with the State Dept. of Health and Mental Hustiens prior to	other
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rmit. Pages 1, 2, 3 should

93 229.78 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Omelio Anthony Vincent 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State 220 06 0496 у. ₩ 2 🗆 F 17 YRS. 4/3/76 N.J. 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Powder\* Sykesville FUNERAL DIRECTOR Rd Cherry Tree Lane at Carroll RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Sykesville 10d. INSIDE CITY Md. Carroll 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21784 1020 Johnsville Road U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 X Kever Married 2 Married BY 1 TYES NO Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 11 Student High School 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Linda J. Guerrieri Anthony M. Omelio BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1020 Johnsville Road Sykesville, Md. 2178 <u>Anthony M. O</u>melio 20e. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Lake view Mem. Park 8/9 Sykesville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Sykesville, Md. 21784 Funeral Home Box 195 Haight 23. PART I. Enter the diseases, or complications that caused after shock, or heart failure. List only one cause on such the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t TYES 2 THO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Ch OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28c. INJURY AT WORK? T [ ] Hatural 5 Pending 10 BY COMPLETED 6 Could not be 4 Thomicide CENTIFYING PHYSICIAN: To IN occurred at the time, date and place, and due to the cause(s) and manner as stated. 103 BE PR A MONTH

PLETED CAUSE OF DEATH (ITEM 27) (Type. Print)

22 HEGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	O THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the intermediate of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

93 22979 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last		OUTING	2. DATE OF DEATH MONTH DAY				3. TIME OF DEATH			
	MARY PIE		OWENS			1	08 08	1993	6:30		
	216-07-8593	1 M 2 F	6. AGE (In yrs. last birti	YRS. MONTH	DER 1 YEAR B DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-24-191	0	IRTHPLACE (State or Foreign Duritry) ARYLAND		
	9a. FACILITY NAME (If not institution, give			9b. C	TY, TOWN	OR LOCATION DE D		9c. COUNTY C			
DIRECTOR	2542 North Farm	Road			Elli.	cott Cit	у	How	ard		
E C		10d, INSIDE CITY									
		Howard		E11:	icott				LIMITS?		
ERAL	100. STREET AND NUMBER 2542 North Farm	Road			101. ZIP CODE 21042				10g. CITIZEN OF WHAT COUNTRY?		
FUN	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	T	13. WAS DEC		NIC ORIGIN? (Specify Ye		RACE — American Indian,		
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO		If yes, sp		an, Puerto Rican, atc.)		Black, White, etc.  Specify: White		
9	15. DECEDENT'S ED (Specify only highest gra-		16a, DECEDI	NENT'S USUAL	L OCCUPATI	ON pet of working	18b. KIND OF BU	SINESS/INDUSTR	TY .		
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+	,	(Give kind of work done during most of working life. Do NOT use retired.)  Homemaker  Ourn Home							
COMPL	17. FATHER'S NAME (First, Middle, Last)		non	пешаке	emaker Own Home  18. MOTHER'S NAME (First, Middle, Meiden Surname)						
ш		eon Piet					nerine M				
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAIL			AILING ADDR	ESS (Street		Route Number, City or Tov		)		
2	Sherman Owens	254	42 Nor	th Fa	arm Rd.,	Ellicott	City, M	d. 21042			
	20a, METHOD OF DISPOSITION  *XXBurlal 2 □ Cremetion 3 □ Ra	moval from State	20h PLACE AND	DATEGEDISE	POSITION /A	ama of	DATE 200 LC	CATION - CHY	v Town State		
	4 Donation 5 Other (Specify)		New Cat	thedra	I Cen	netery 8-	-11-93 Ba	ltimore	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE		1	22. NAME A	ND ADDRESS OF FA	CILITY				
M00550 Sterling Ashton Funeral Home, Inc.											
NOL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
FICA	CAUSE (Disease or Injury	DUE TO	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  PART II. Other algnificant conditions contributing to death but not reculting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not reculting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not reculting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not reculting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not reculting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not reculting in the underlying cause given in Part I.								
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AN: MEDICAL CE	CAUSE (Disease or Injury that initieted events resulting in death) LAST	d		ilting in the			1   YES :	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAU		
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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

		FOR STATE REGISTRAR		STATE OF M				F HEALTH AND OF DEATH	MENTA	L HYGIENI REG. NO.	93	2	2980
		1. DECEDENT'S NAME (First,  Ethel  4. SOCIAL SECURITY NUMBER	R	04	eybe.	in			MONT	8 8	9	3	TIME OF DEATH
		220-07-55		5. SEX	6. AGE (In yrs. la 74	YRS.	MONTHS DA		7. DATE	of BIRTH th, Day, Year) -/2 - A		Country)	LAND
V)	OR	90. FACILITY NAME (If not in SINAI HOS						WY OR LOCATION OF D	EATH		9c. COUNT	OF DEAT	н
- S	CT	RESIDENCE OF DEC	EDENT 10b. COUNT	,		100 CIT	Y, TOWN OR LO	CATION				Tax	
nit. Page	DIRECTOR	MARYLAND		NE ARUND	EL			BURNIE				- 1	d. INSIDE CITY LIMITS? YES 2 1 NO
it per	RAL	10e. STREET AND NUMBER	7/ 5757 /	11112				101. ZIP CODE					T COUNTRY?
physician. burial-transit permit. Pages	FUNERAL	303 MARIE		12. WAS DECEDENT FORCES? 1	EVER IN U.S. AI	21060  ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes JNO  If yes, specify Cuben, Mexican, Puerto Rican, etc.)						. S . A	American Indian,
as the	BY	1 Never Married 2 3 Uldowed 4 Divo	rced	IF YES, GIVE W	AR OR DATES		1 🗆	YES 2 XNO Speci	fy:			WHIT	
for u	COMPLETED	15. DEC (Specify only Elementary/Secondary (0 12	EDENT'S EDU- highest grade -12)	CATION completed)  College (1-4 or 5+)	(0		e retired.)	ATION I most of working	166	LOCAL			ENT
ed by the hospit ald be detached ad at once.	BE CO	17. FATHER'S NAME (First, MI WALTER L.	JORI	DAN				18. MOTHER'S NA EMMA	M. U	NDUTC	H		
y be retained by age 5 should be be notified at	10	GEORGE R.	OTTE	ERBEIN	19	303 I	MARIE	and Number or Rural AVENUE —	GLEN	ber, City or Town BURN	State, Zip Co	D. 2	1060
rector, pa		20a METHOD OF DISPOSITI 1 X Surlet 2 Cremetlo 4 Donation 5 University	(Specify)	- 0			PER PLACE TO VET		8/.		ATION — CIT WNSV		
ter ceam. Page b may be retained by the funeral director, page 5 should be oval.  al examiner must be notified at		21. SIGNATURE OF PUNCTURE	SERVICE LIC	ENSEE L. K	sufor	ian	RAY	MOND C. CRAIN H	FINE	FUNE	RAL I	HOME	21061 E.MD.
completely filled in by the ial, cremation, or removal.		23. PART I. Eriter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	Sunilet Tree	a. Cardi	ac /-	1, ch	yth.	nia	ch aa car	diac or reapin	atory erree	t,	Approximata Interval Between Onset end Death
be electrical cian and con or to burial, aumatic er	ICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY!	late NG	DUE TO C	or as a conse	4r Fe	ery C	)isease					1 year 10 years
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equires mar me en signed by the of Health and Mc	N: MEDICAL C	PART II. Other significe	nt condition	a contributing to d	death but not	raculting i	n the underi	ying ceuse given in	Part I.	24s. WAS AN A PERFORM	NED?	COL	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
certificate has be the State Dept. of the State Dept. of	YSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				. PLACE OF DEATH (C	neck only or	70)			
ertification or It	IXSI	1 YES 2 NO		1 M Inpetient 2 🗆		1		forme 5 - Residence	T				
After this of death with s marked,	ВУ РН	1 Netural 5 🔲	Pending nvestigation	28e. DATE OF I (Month, Day	r, Year)		M 1	INJURY AT WORK?	28d. DE	SCRIBE HOW IN	JURY OCCUP	RED	
CTOR: A after d	ETED		Could not be letermined	28e, PLACE OF building, e	INJURY — At he tc. (Specify)	ome, farm, a	treet, factory, c	ffice	28f. LOC City	ATION (Street sn or Town, State)	nd Number or	Rursl Route	Number,
= 12 F	COMPL							date end place, end due				euse(s) en	d menner es stated.
TO THE FUNERAL DE filed within 72 IMPORTANT: If	O BE C	296. SIGNATURE AND TITLE	OF CERTIFIER	- cus	7			29c. LICENSE NU	MBER 341		29d. DATE S	IGNED (Mo	nth, Day, Year)
	ĭ	30. NAME AND ADDRESS OF		completed cause	OF DEATH (ITE	M 27) (Type,		lvedere /	Tre	Suitesi	02. 1	Salt.	more 2/2/5
	9	31. DATE FILED (Month, Day, 1	1993	32. REGISTRAR	SIGNATURE	ARL			,		1		
				V									

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE CONTROL OF MANUEL OF DEATH AND MENTAL ITGIENE  CERTIFICATE OF DEATH REG. NO.											
	1. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH			3. TIME OF DEATH						
3	Willie Terking		MONTH O	6	93	1950 R						
. 9	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 2	24 HRS. 7.	7. DATE OF BIRTH	2		LACE (State or Foreign						
1	324-36-3623 1 M M 2 🗆 F 51 YRS. MONTHS DAYS HOURS	MIN.	(Month, Day, Year) 05 - 1.6 -	0.2	Country	)						
. 1	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION	N OF DEAT	W 00-1.0-		NTY OF DE	ATH						
HO.	UNIVERSITY MEDICAL CENTER BALTIMORE		 [ T Y	Sc. 000	NIT OF DE	AIR						
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. COUNTY											
뿔	MA A D VI A A I D				10d. INSIDE CITY LIMITS?							
	BILLITIONE					1 🖔 YES 2 🗌 NO						
M	104. STREET AND NUMBER  101. ZIP CODE			ZEN OF WI	HAT COUNTRY?							
FUNERAL		21201				STATES						
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEMBENT OF  14. Never Merried 2 Married  15. WAS DECEMBENT OF  16. It yes, specify Cuben,	HISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.						
A	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO	Specify:	,			ÄCK						
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION		16b, KIND OF BUS			101						
E 1	(Specify only highest grade completed)  [See Specify only highest grade completed]  [Give kind of work done during most of working life. Do NOT use retired.)	7	168, KIND OF BUS	SINESS/INL	JUSTRY							
립	12 TH UNEMPLOYED											
COMPLETED		ER'S NAME	(First, Middle, Meiden	Sumamal								
	MS.	DAI		ilden Sumame)								
3 BE	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number of		• •	n. State. Zic	Code)							
2	RIDGE PILCHER 111 PARK AVENUE					201						
	20s METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Name of	_ , ,			City or Tow							
	4 Donation 5 Other (Specify)	)	8-12 LANS									
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS			0000	Y MU	21014						
MM. C. MARCH FH. 1101 E. NORTH AV												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying					IN AVE.						
1	allock, or need failure. Liet only one cause on each line.	ig, auch a	is cerdlec or reapl	ratory arr	eat,	Approximete interval Between						
l	immediate CAUSE (Final disease or condition )  Reputatory Failure / RP presented											
H	resulting in death)  Due to 101 AS A CONSEQUENCE OF:											
-	T. HIV											
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF M											
8	cause. Enter UNDERLYING											
Ė	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
	resulting In deeth) LAST											
0	PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse give											
DICAL		ven in Par	PERFOR	MED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO						
Ř			_ 1 _ YES 2	NO		COMPLETION OF CAUSE OF DEATH?						
ME			-   '		1	☐ YES 2 NO						
A I	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:											
¥ I	1											
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?		Id. OEŞCRIBE HOW II	IJURY OCC	URED							
À	2 Accident		It. LOCATION (Street a		0							
<u>ا</u>	4 Homicide detarmined building, stc. (Specify)	20	City or Town, State)	na Number	or Hurai Ho	ute Number,						
91	29a. CERTIFIER											
COMPLET	Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation in my onicion, death accounted.											
8	Option, death occured	d at the time	e, date and place, and	due to th	e cause(a) :	and manner as stated.						
BE	290. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENS	ISE NUMBER	R	29d. DATE	SIGNED (	Month, Day, Year)						
2	9 117	_		8	16/2	5						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  XEULN O. BABB UNIV OF MARYLOUD HOSE	3 9	REENE ST	- , BA	LT. 1	10.						
	LEGIO C. GIBS, ONLY OF MARY LAND HOSP.			,								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											
31	AUG 0 9 1993 Julie Deviden Bondane											

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FOR

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	ERTIFI	CATE OF	DEATH	RE	G. NO.						
- 3	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE		757	3. TIME OF DEATN				
	Vincent Frank PILLI, Sr.				0 8	0.5	YEAR 93	06:00 pm H				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIS		$\sim$	IPLACE (State or Foreign				
	215-05-6506 1ৢ₹₩2□ ₹ 73	YRS.	WONTHS DAYS	HOURS MIN.	(Month, Day, 10 06		Count	ny)				
	9a. FACILITY NAME (If not institution, give street and number)		AL CITY TOURS	R LOCATION OF DE				yland				
œ						90	c. COUNTY OF D	PEATN				
임	St. Agnes Hospital		Balti	more Cit	У							
E C	10e. STATE 10b. COUNTY	10c, CITY	TOWN OR LOCAT	ION				10d. INSIDE CITY				
DIRECTOR	Maryland Baltimore		Catonsville									
ابا	10e. STREET AND NUMBER	101, ZIP CODE					1 YES 2 X NO					
A	303 Maiden Choice Lane, Apt 116				10							
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			228				S.A.				
	1 Never Married 2 Married FORCES? 1 XYES 2			ENDENT OF NISPAN Icity Cuban, Maxical			No — 14. RACI Blaci	E — American Indian, k, White, atc.				
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		1 TYES	2 NO Specify	:		Spec	"y: White				
		DECEDENT'S I	SUAL OCCUPATIO	A1	400 1000			···········				
COMPLETED	(Specify only highest grade completed)		ork done during mos		160. KIND	OF BUSINE	SS/INDUSTRY					
2	College (1-4 of 5+)	nspect			F1.		nic Cir	and there				
Σ	17. FATHER'S NAME (First, Middle, Last)	поресс	7					cultry				
	Dominic PILLI			18. MOTHER'S NAI								
H				Rose		RRASIC						
2				nd Number or Rural R				21228				
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	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Removal from State  20b. PLAC cemetery. c	ION — City or To										
	4 Donation 5 Other (Specify) Meado	wridge		al Park		E1kri	idge, M	D				
21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY												
	HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave, Baltimore, MD 21229											
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest.											
Į.	snock, or neert tallure. List only one cause on each list	ne.				, rouphato	ory orrest,	Interval Between				
	IMMEDIATE CAUSE (Finel disease or condition resulting to death											
H	disease or condition resulting in death)  a. Ventricular Fibo Clation  DUE TO (OR AS A CONSEQUENCE OF):											
_ 1	To Consentive Heart Faction											
CERTIFICATION	Sequentially list conditions,  Due 16 (OR AS A CONSEQUENCE OF):  Due 16 (OR AS A CONSEQUENCE OF):											
FA	cause. Enter UNDERLYING A CC. CA											
윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONS	EQUENCE OF										
E	resulting in death) LAST											
S	d											
DICAL	PART II. Other aignificant conditions contributing to deeth but not	t reaulting in	the underlying	cause given in	Part I. 24a.	WAS AN AUT		. WERE AUTOPSY FINDINGS				
S	Diabetes Mellitus					YES 2 1		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
						V		OF DEATH?  1 TYES 2 NO				
= 1					-		i	1 123 2 1 10				
₹ I	25. WAS CASE REFERRED TO MEDICAL	-	26. PL	ACE OF DEATN (Che	ck only one)							
PHYSICIAN: ME	EXAMINER?  1 YES 2 NO 1, Inpetient 2 ER/Outpetient		OTHER:									
¥	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME		5 Residence								
	1, Natural 5 Pending (Month, Day, Year)	INJU	RY WOF	RK?	28d. DESCRIBE	HOM MUN	ну оссонео					
B	Accident Investigation			ES 2 NO								
	3 Suicide 8 Could not be determined 26e. PLACE OF INJURY — At I building, etc. (Specify)	nome, term, st	оет, тастогу, отпсе	·	City or Town	(Street and fi n, State)	Number or Rural F	Route Number,				
COMPLETED												
린	29e. CERTIFIER (Check only cont.) CERTIFYING PHYSICIAN: To the best of my knowledge, of the cont.	death occurred	at the time, date	and place, and due	to the cause(e)	end menner	as stated.					
Į į	one) 2 MEDICAL EXAMINER: On the basis of examination and/o	r investigation	in my opinion, de	eth occured at the	llme, deta and p	lace, and du	e to the cause(a	a) and menner as stated.				
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	BER	294	d. DATE SIGNED	(Month, Day, Year)				
	B. H. MEDICA	7 L RO	SIDENT		_		081	105/93				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, I	Print)					/				
	BULENT CUHACI - S	TH	GNES	HOSPIT	TAL							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as II be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

OHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the built be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	MEDOTANT History 20 to marked no team 22 shares and faiter on other teamers the medical anomalous and the medical anomalous
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		1 - FOR STATE OF MARY!	LAND / DEPAR	TMENT OF HEALTH AND	MENTAL HYGIEN						
		1. DECEDENT'S NAME (First, Middle, Last)	Pierce	ICATE OF BEATH	2. DATE OF DEATN	MY	YEAR	3. TIME OF DEATN			
		LAURA.  4. SOCIAL SECURITY NUMBER 5, SEX 6, AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH	7	93	1/33 P M			
		219-34-2611 1 M 2 DF	54 <sub>YRS.</sub>	MONTHS DAYS HOURS MIN.	(Month, Day, Year)						
	OR	9e. FACILITY NAME (If not institution, give street end number) Francis Scott Key		96. CITY, TOWN OR LOCATION OF Baltimore		9c. COUNT	Y OF OEA	ATH			
	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION				Od, INSIDE CITY			
		Md. Baltimore						LIMITS?			
1	FUNERAL	10e. STREET AND NUMBER 9020 Avenue A		101. ZIP CODE 2121	109. ZIP CODE 109. CITIZEN OF WH. 21219 USA						
1	2 2 2	11. MARITAL STATUS  12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF NISP	ANIC ORIGIN? (Specify Ye	s or No— 1	4. RACE -	- American Indian, White, atc.			
	À	3 Wildowed 4 Divorced IF YES, GIVE WAR OR 6	DATES	If yes, specify Cuban, Maxi  1 YES 2 NO Spec			Specify:				
	COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEOENT'S (Give kind of title. Do NOT us	USUAL OCCUPATION work done during most of working se retired.)	16b. KIND OF BU	SINESS/INDU	STRY				
	MPL	10 th	Hou	sekeeper							
examiner must be notified at once.	BE CO	17. FATHER'S NAME (First, Middle, Last) George D. Pierce		16. MOTNER'S N	IAME (First, Middle, Maider ra McCart	Sumame) Chy					
notitie	2	19a, INFORMANT'S NAME (Type/Print)  Margaret Stanley	196. MAILING	Access (Street and Number or Burn Beway Dundal		vn, State, Zip C 21222	ode)				
nst De	20a. METHOD OF DISPOSITION  1   Burlai 2 X   Cremation 3   Removal from Stata  4   Donation 5   Other (Specify)										
E .		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	8/9 Ba	ltimo	re,	Md					
		· Colt Connell	y/	22. NAME AND ADDRESS OF Connelly 7110 Soll	Funeral H		of [				
event, the medical		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart failure. List only one cause in each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due 10 on as a consequence DF:  Sequentially list conditions,									
	CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
		PART II. Other algnificant conditions contributing to death i	but not resulting	n the underlying cause given i	n Part i. 24a. WAS AN			ERE AUTOPSY FINDINGS VAILABLE PRIOR TO			
co snows any injury	PHYSICIAN: MEDICAL	Diabetes			1 TYES :	V	0	OMPLETION OF CAUSE F DEATH?  YES 2 A NO			
20 20	Z										
		25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND HD HOSPITAL: 1 In Impatient 2 ER/Out	method 2 1 DOA	26. PLACE DF GEATH (C							
0,0	Ě	27. MANNER OF OEATH 28e. OATE DF INJURY	28b. TIM	4 Nursing Home 5 Residence E OF 28c. INJURY AT WORK?	28d. 0E\$CRIBE NOW	NJURY OCCU	RED				
	2	2 Accident Investigation		M 1 YES 2 NO							
		3 Suicide a Could not be detarmined 28a, PLACE OF INJUR building, stc. (Spe	Y — At home, ferm, a licify)	dreet, factory, offica	28f. LOCATION (Street City or Town, State,	and Number or )	Rural Rou	te Number,			
PURIANI: II IIBM	COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my know one)  2 MEDICAL EXAMINER: On the basis of examination						nd manner as stated.			
	# H	296. SIGNATURE AND TITLE OF CERTIFIER.  KUTHY I WILLY MD		Z9C. LICENSE NI	JMBER 1122	29d. OATE S	IGNED (M	Ignth, Day, Year)			
1	2	30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DE		Print) Wolfe Bo	ultimore	G M	2	1287			
		31. DATE FILED (Mach, Doy, Your) AUG 0 9 1993 Suha Javidson	ATURE		.,,,,,,,,,	1	- O	10101			
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	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	L DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	1

30. MANE AND ADDRESS OF SUILE (

		FOR 1 - STATE	STATE OF MARYLAND	/ DEPAI	RTMENT O	OF HEALTH AND	MENTAL HYGIEN	e 9:	3 22984		
		REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	D 1.1	ERTIF	ICATE (	OF DEATH	2. DATE OF DEATH MONTH D		3. TIME OF DEATH		
,		Jack	rustilnik				8	1 9	3 8:55 Am		
***		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. I		IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2.0	BIRTHPLACE (State or Foreign Country)		
		153149373	15XM20F	YRS.			4-18-	19 1	Brooklyn, NY		
- 1	l ec	90. FACILITY NAME (If not institution, give s Shady Grove Hosp	itreet and number)			OWN OR LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH		
2	<u> </u>	RESIDENCE OF DECEDENT			ROC	Rockville Montgomery					
ges 1	DIRECTOR	10a. STATE 10b. COUNT	4	10c. CI1	Y, TOWN OR L	LOCATION			10d. INSIDE CITY		
2	늅	Maryland Mon	tgomerv				Garther	LIMITS? 1 YES 2 P NO			
permit. Pages	A	10e. STREET AND NUMBER	7			for ZIP CODE			N OF WHAT COUNTRY?		
- TE	FUNERAL	19109 Capehart D	rive			20879					
physician. burial-transit	5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No — 14	CA States RACE — American Indian, Black, White, etc.		
of physical	ВУ	1 Never Married 2 Narried 3 Widowed 4 Divorced	INO	1 🗆	YES 2 NO Specific	nn, Puerto Rican, etc.) fy:		Specify:			
tending as the	ED B							Caucasian			
the hospital or attending physician detached for use as the burial-training once.		15. DECEDENT'S EDU (Specify only highest grade	completed)		WORK done during	IPATION ng most of working	16b. KIND OF BU	SINESS/INDUS	TRY		
pital ed for	=	Elementary/Secondary (0-12)	College (1-4 or 5+)		/Sales	,	Tambon				
the hospital detached fo	COMPLET	17, FATHER'S NAME (First, Middle, Last)		OWLIEL	/ Sares		Lumber  ME (First, Middle, Maiden	C			
3 B 6		DavidPustilnik				I .	Steinberg	Surrame)			
5 should	BE	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING	ADDRESS (St		Route Number, City or Tow	n State Zin Co	odel		
	임	Lois Pustilnik	I			s as #10		1, 01010, 240 00	,		
may be or, page		20a. METHOD OF DISPOSITION	20b. PLACI	ANDDATE	OF DISPOSITIO	ON (Name of	OATE 20c. LO	CATION — City	y or Town, Stata		
Page 6 mail director, p		1 XBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State State King	Davi	d Memo	rial Gdns.	8-5-93 F	alls (	hurch Va		
death. Page 6 may be tuneral director, page examiner must be		21. SIGNATURE OF PONERAL SERENCE LICE	MUSET		22. NAN	ME AND APPRESS OF FA	ICILITY		and dely vot		
death. e funera í. examir		► (\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(h)		I	ves-Pearso	n Funeral	Homes			
after ny the nova	$\vdash$	23. PART I. Enter the diseases, or	complications that caused the c	esth. Do	not enter the	, Falls, Chu	ircn, va. 2	.2046	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
200 =		shock, or neart failure.	List only one ceuse on eech lin	ie,	not unter the	s mode of dying, suc	in sa cardiec or respi	retory arrest	interval Between		
100, file		IMMEDIATE CAUSE (Final disesse or condition	Denai	enal Salline					Onset and Death		
completely fille rial, cremation, c event, the		resulting in death)	DUE TO (OR AS A CONS	T CILL	Dr -K						
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ie be executed sician and con orior to burial, traumatic er	흔	Sequentially list conditions, if any, tesding to immediate	OUE TO (OR AS A CONS	OUENCE O	F):	41 14	107 &				
certificate be nding physician Hygiene prior or other trau	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Sepsis								
certificate ding physic tygiene pri	E	that initiated events resulting in death) LAST	OUE TO (OR AS A CONS	EOUENCE O	F):						
5 6 -	CERTIFICATION	resulting in death) LAST							-		
	_	PART II. Other aignificent condition	a contributing to death but not	resulting	in the under	riving cause given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
requires that the cen signed by the of Health and Me	MEDICAL				-	pheral	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
signe Signe Health		Masaulas T	sease		10	Harris Cel	1 🗀 YES 2	₩0	OF DEATH?		
been t. of		VESCURAL I	43000				—		1 TYES 2 NO		
SICIAN: The law requires that the certificate has been signed by the nate State Dept. of Health and Me i, or item 23 shows any injur	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			2	26. PLACE OF DEATH (Ch	eck only one)		<u> </u>		
ficate h State I	SIC	EXAMINER?	HOSPITAL: XXInpatient 2 ER/Outpatient	3 DOA	OTHER:	Home 5 - Residence					
certiff th the	Ť	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIM	E OF 28c	c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	IED		
DING PHYS After this death with	ВУР	1 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M 1	WORK?					
OR ATTENDING PHY: DIRECTOR: After this hours after death with		3 Suicide 8 Could not be	28e. PLACE OF INJURY — At h building, stc. (Specify)	ome, farm,	street, factory,	office	281. LOCATION (Street	and Number or i	Rural Routa Number,		
ATTEN ECTOR: S after	E	4 Homicide determined					City or Town, State)				
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires THE FUNERAL DIRECTOR: After this certificate has been signs filed within 72 hours after death with the State Dept. of Healt PORTANT. If Item 28 is marked, or Item 23 shows:	COMPLETE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge, o	eath occurr	ed at the time,	date end place, and due	to the cause(a) and mar	mer as stated.			
HOSPITAL FUNERAL WITHIN 72 I	O		R: On the besie of examination and/or						ause(a) and manner as stated.		
TO THE HOSPITO THE FUNER DE filed within IMPORTANT.	U U	MATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			GNED (Month, Day, Year)		
TO THE TO THE be filed	00	yaya mac	an su			D4475	13	▶ 8/	4/03		
0=	유	10 HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OFATH OT	M 27) /Sma	Print)	10.10	, -	0/	117		

COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

22. REGISTBAR'S SIGNATURE

2121 Medical

1993

Park Dr

Silver spring

MD

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	YEAR	3. TIME OF DEATH			
1	RUFUS RODGERS	1D					1.20 D M				
	4. SOCIAL SECURITY NUMBER	1111	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	AUGUST 6.		1.60			
	216-34-3920	11.00		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-239	Cour	HPLACE (State or Foreign intry)			
1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 YRS.			2-239	Ba	alto. Md.			
	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D								
DIRECTOR	THE JOHNS HOPKINS HOSPITAL			BALTIMORE CITY			BALTIMORE				
15	RESIDENCE OF DECEDENT										
W.	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY			
ā	Maryland			Ba1	timore			LIMITS?			
ابا	10e. STREET AND NUMBER			101, ZIP CODE 10a			AND OUTSTERN OF	WHAT COUNTRY?			
FUNERAL	1908 East Eager St.			101.							
1 2								S.A.			
5	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 X			is the beautiful of the		IIC ORIGIN? (Specify Yes	or No- 14. RAC	CE — American Indian, ck, White, atc.			
8≺	3 Widowed 4 Divorced	DATES	NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:			Spe	CIV:				
	3 ☐ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☑ NO Specify: Specify: Black							Black			
H	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S	USUAL OCCUPATIO	IN .	16b. KIND OF BUS	INESS/INDUSTRY				
Į Į	Elementary/Secondary (0-12)	Ille. Do NOT us	(Give kind of work done during most of working life. Do NOT use relied.)  Disable								
14											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					DATE (F) - A SELECTION AS 12					
			18. MOTHER'S NAME (First, Middle, Maiden Surname)								
BE	Russell Rodgers				Sarah Johnson Hamilton						
2	19a. INFORMANT'S NAME (Type/Print)			Route Number, City or Town							
-	Betty	Rodgers	1908	E. Eager	r St. B	altimore,	Md. 212	205			
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION (Nat	me of	DATE 20c LO	CATION - City or I	own, Stata			
	1 Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	coval from State	metery, cremetory or o	her place/Star	Cemeter	v 8-11 Cat	onsville	Md			
	the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of th										
	William C. Brown Community										
	Funeral Home 1206 W. North Ave. Balto. Md.										
	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dulos auch as confice an experience of the caused the death.										
1	Interval Betwee										
	iMMEDIATE CAUSE (Final disease or condition	11.1					Onset and Death				
	resulting in death)	· JEI	P315   1wk.								
z		DUE TO (OR AS A CONSEQUENCE OF):									
		PNEUMONIA									
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF): Right above the									
18	cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):  Right above the RNAKA INFECTION = RNEW amputation 2 wk.									
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):				(arter)	Zwk.			
F	resulting in death) LAST	RENAL FAILURE 5.WS						15.00			
CERTIFICATION		d. /\ _ /\ / / 1	/ / f (pin - V - V - V - V - V - V - V - V - V -					Jyrs.			
	PART II. Other eignificent condition	s contributing to death	but not resulting i	n the underlying	ceuse given in	Part i. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS			
EDICAL	Diahetes Mel	1. 1 1.1	1 1	ardion		DEBEOD	MEO?	AWAILABLE PRIOR TO COMPLETION OF CAUSE			
	- DIGIGOTES . ICA	112 43/ 01119	Hobert	1 D YES 2	XNO	OF DEATH?					
Σ								1 - YES 2 NO			
ä						1		/`			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL FYAMINED? 26. PLACE OF DEATH (Check only one)										
Sic	EXAMINER?  1 YES 2 NO THER:  1 Ves 2 NO THER:  4 Norsing Home 5 Residence 8 Other (Specify)										
主	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIM			28d. DESCRIBE HOW II	LILIEV OCCUPED				
1	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WOR	RK?	200. DESCRIBE NOW II	NONT OCCORED				
B	2 Accident Investigation				ES 2 NO						
8	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	f — At home, farm, s cify)	treet, factory, office	eet, factory, office 281. LOCATION City or Tox		(Street and Number or Rural Route Number, , State)				
	4 Homicide determined										
12	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
2	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
0							dua to the cause(a) and manner as stated.				
							29d. DATE SIGNE	(Month, Day, Year)			
삤	296. SIGNATURE AND TITLE OF CERTIFIE	44.0									
O BE	1	110			6979	4	8/6	192			
TO BE	1	110	EATH (ITEM 27) (Type,	Print)	1979	_	8/6	193			
	1	en, MD	EATH (ITEM 27) (Type,	Print)	1979	To. 50 11/	3 Dal	21287 ND			
	1	O COMPLETED CAUSE OF DI	Hookin	Print)	1979 oital	Tower 110	) Bal	193 timore, MD			
	JUSTIN SCEMA 30. NAME AND ADDRESS OF PERSON WH SUSAN ZIEMAN	en, MD	Hookin	Print)	1979 pital	Tower 110	0 Bal	193 himore, MD			

FOR STATE REGISTRAR

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ITEMS: 23 PART I, 27, PER MEO FILM G-702 8/30/93 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22986 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH 3 PAY 1993 RALPH ROLLINGS. Jr. 6:15 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 | F 219-40-2404 1-6-45 Md Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 841 WHITELOCK STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto 1 X YES 2 | NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5368 Cuthbert Ave 21215 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married specify: Black 1 TYES 2 NO Specify: 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life, Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grad Elementary/Secondary (0-12) College (1-4 or 5+) 12th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ralph Rollings Celia M. McElwee 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Celia Reid 5368 Cuthbert Ave Balto, Md 21215 20a. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 6 Other (Specify) King 8/5/93 Memorial Pk. Randallstown, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H-West 4300 Wabash Ave 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. Approximate shock, or heart fallure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) . SEIZURE DISORDER DUE TO (OR AS A CONSEQUENCE DF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE DF): that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 X YES 2 | NO 1 | Inputant 2 | ER/Outputient 3 | DOA 27. MANNER DF DEATH 28e. DATE DF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1) Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as attated. 2 MEDICAL EXAMINER: On the basis of examiner instion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated, MIL MIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

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Penn Street, Baltimore, Maryland

ours after death. death certificate be executed within.

e attending physician and completely fille ental Hygiene prior to burial, cremation, DIVISION OF VITAL RECORDS, P.O. BOX 68760. OR ATTENDING PHYSICIAN: The law

BALTIMORE, MARYLAND 21215-0020

hospital or attending phy

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Page 6 may

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funeral director, page 5 should

led in by the figure or removal.

99 COMPLETED DIRECTOR: hours after 4 Homicide 28 Hem 29a, CERTIFIER HOSPITAL FUNERAL I WITHIN 72 P TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	in 24 hours after death. Page 6 may be retained by the hospital or attending
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ely filled in by the funeral director, page 5 should be detached for use as the nation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

resulting in death) LAST

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND C	DEPART	MENT OF I	EALTH AND	MENTAL HYG	IENE 9	3 22	2987
1. DECEDENT'S NAME (First, Middle, Last) JOYCE MARGAN		RILEY				2. DATE OF DEAT MONTH: 8-6-1	гн	YEAR 3	1:45 P
4. SOCIAL SECURITY NUMBER 217-20-6201								ACE (State or Foreign	
9a. FACILITY NAME (If not institution, give street and number)  Franklin Square Hospital  ROSSVille							9c. CO	UNTY OF DEA	
10e. STATE 10b. COUNT Maryland Hart				White H		10	Od. INSIDE CITY LIMITS?  YES 2 X NO		
								S.A.	AT COUNTRY?
11. MARHTAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE —									
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)									
17. FATHER'S NAME (First, Middle, Lest) Lester Lyons						ME (First, Middle, Me Minor	siden Surname)		
190. INFORMANT'S NAME (Type/Print) Karen Riley		5	b. mailing a 085 N	ADORESS (Street of Orrisvi	lle Rd.,	Moute Number, City o White H	all, M	Id. 21	161
20e, METHOD OF DISPOSITION 1   X Burlel 2   Cremation 3   Rer 4   Donation 6   Other (Specify)		206. PLACE	AND OATE OF	DISPOSITION (NE Cemeter	y 8-10	1		re, Md.	
> Roy H. C.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROY H. Cather 22. NAME AND ADDRESS OF FACILITY							to.,Md. 21214	
							Approximata interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy  Cardiomyopathy									

PART II. Other eignificent condit	ions c	ontributing to death but not	reaulting	in the u	inderlying ceuse given in i	Part i.	24a. WAS AN AUTOPSY PERFORMEO? 1 TYES 2 X NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Н	OSPITAL:	3 DOA	OTHE	26. PLACE OF DEATH (Che			
27. MANNER OF DEATH  1 V Netural 5 Pending 2 Accident Investigation	n	26e. OATE OF INJURY (Month, Day, Year)				_	SCRIBE HOW INJURY OCCUP	RED
A CLASSIC CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CO						CATION (Street and Number or or Town, State)	Rural Route Number,	

the CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date one)  2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, or		
96. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. OATE SIGNEO (Month, Day, Year)
Surlay Office Les	044040	▶ 8/6/93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Kimberlynn Richards 9000 Franklin Square Dr. Baltimore, Md. 2123

32. REGISTRAR'S SIGNATURE AUG 0 9 1993

		FOR	
1	-	STATE	
٠.		REGISTRA	A

Donald	, Middle, Last)				ICATE			1 DATE	REG. NO.		I a ·	TIME OF DEATH
a DOLIGITA	Lee		Rowe					MONT	H DAY	19		5100 A
4. SOCIAL SECURITY NUME		S. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		BIRTHPLA	CE (State or Foreign
235-62-64	34	1 M 2 D F	53	YRS.	MONTHS	DAYS HOURS	MIN.	2/5	6/40 Year)		Country)	Virgin:
9a. FACILITY NAME (If not in	stitution, give at	treet and number)			9b. CITY,	TOWN OR LOCAT	ION OF DE	<u> </u>		9c. COUNTY		
9805 Langs	Rd.	Ant. L			Bal	Ltimore				B	altin	nore
RESIDENCE OF DEC	10b. COUNTY			10c CIT	Y. TOWN OF							. INSIDE CITY
Maryland		imore			Baltin							LIMITS?
10e. STREET AND NUMBER		TIIOTC			VGI CIN	10f. ZIP COL	DE			10g. CITIZEI		
9805 Langs	Rd.	Apt.	L			212	20			U	SA	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN	T EVER IN U.S. ARM	NED O	16	AS DECENDENT yes, specify Cub  YES 2	en. Mexica	n. Puerto		or No— 14	RACE — i Black, WI Specify:	American Indian, nita, atc.
	EDENT'S EDUC	CATION	140, 000	CDENIT/O								hite
(Specify only	y highest grade	completed)	(Ghr	e kind of	USUAL OCC work done du se retired.)	CUPATION iring most of work	ing	168	. KIND OF BUSI	INESS/INDUS	TRY	
Elementary/Secondary (0	-12)	College (1-4 or 5	Carp	ente	r			1	)ackman	& Da	ckmar	
17. FATHER'S NAME (First, M	licidle, Last)					18. MO	THER'S NA		Middle, Maiden S			
Unknown	(step	father)	Ralph Ha	rman		G	ladys	unk	cnown			
190. INFORMANT'S NAME (7						Street and Number						
20a. METHOD OF DISPOSIT 1	on 3 🗆 Remo	oval from State	20b. PLACE AT COMMETCY, Crem	ND DATE	of Disposit	Name of	8/4	1/93	Bal	ation — cm		
21. SIONATURE OF FUNERA	L SERVICE LIC	ENSEE				AME AND ADDR	<u> </u>					
23. PART I. Enter the d	An 1	Funox	althr	10		assahn 401 Rel	air	Rd	Balto	Md	2123	6
disease or condition resulting in death)  Sequentially list condit if any, leading to imme	tions, diste	b. NON - DUE TO	OR AS A CONSEQUE	UENCE O	n: SUDGNI n:		ES A	Mu	TU S			
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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

MORE, MARYLAND 21215-0020





FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

_	1 - STATE REGISTRAR		CATE OF		REG. NO		
	1. DECEDENT'S NAME (First, Middle) REID		To.	4	2. DATE OF DEATH	-93	3. TIME OF DEATH  2 +5/A M
	057-42-7013 1×120 = 4	g yrs lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	I A GOY	ITHPLACE (State or Foreign pity)  LW ORK
TOR	9e. FACILITY NAME (If not institution, give street and number)  Stella Maris Hospice  RESIDENCE OF DECEMENT		96. CITY, TOWN	TOWSO		9c. COUNTY OF Baltin	
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND HOWARD		, TOWN OR LOCA LUMBIA	TION			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
FUNERAL	9558 ANGELINA CIRCLE		10	21045		10g. CITIZEN OF	WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 V YES IF YES, GIVE WAR OR DO	U.S. ARMED 2 NO ATES	If yes, s	ENDENT OF HISPAN ecify Cuban, Mexica 3 2 NO Specify	HC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	Bio	CE — American Indian, ack, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College_1-4 or 5+)	Hin Do NOT us	vork done durina m	st of working		SINESS/INDUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) MELVIN REID			18. MOTHER'S NA BUNN	Y (BLOSSON	TAUCH	NER
5	190. INFORMANT'S NAME (Type/Print) MRS. ELAINE REID		ADDRESS (Street ANGELIN		COLUMBIA,		5
	1 Donation 5 Other (Specify)	PLACE AND DATE OF STREET, OF STREET, Crematory or ST	MEMORIAI	GARDENS	8/6/93 0	CATION — City of DLNEY, MI	,
	21. SIGNATURE OF FUNERAL SERVICE LICENSTE	~	SOLI		& BROS., I	NC. BALTO., 1	MD 21215
	23. PART I/Enter the diseases or complications that ceused shock, or heart fellure. List only one ceuse on elimmediate cause (Finer disease or condition resulting in death)  DUE TO (OR AS A	ich line.	ot enter the mo	de of dying, suc	h aa cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF					
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to deeth be	ut not resulting i	n the underlyin	g ceuse given in	Part i. 24a. WAS AN PERFOR 1 YES 2	MED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
HASI	1 ☐ YES 2 NO 1 ☐ Inperient 2 ☐ ER/Outp 27. MANNER OF DEATH 280. DATE OF INJURY	atfant 3 DOA		e 5 🗆 Residence	**	Hospid	ce
BY PI	1 Neturel 5 Pending (Month, Day, Year) 2 Accident Investigation	INJ	URY WO	PRK?	28d. DEŞCRIBE HOW II	WORY OCCURED	
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY building, stc. (Spec	— At home, tarm, s	tree1, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or Rura	l Route Number,
COMPLETED	29s. CERTIFIER (Check only one)  1						o(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTATER COLLECTION	Adk	)	29c. LICENSE NUN D 270		29d. DATE SIGNE	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA					_	
	Carla S. Alexander, M.DStel	lla Maris	s Hospic	e-Dulane	y Valley R	dTows	on 21204
D	AUG 0 9 1993 Fulle Deviden	Aboptine.					

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIFIC	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last		FRTS		371		2. DATE	OF DEATH	AY	43	3. TIME OF DEATH 245 P. M.
4. SOCIAL SECURITY NUMBER 220-14-3245	5. SEX 1 M 2 F	8. AGE (In yrs. last.		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH	19	8. BIFITN Countr	PLACE (State or Foreign
98. FACILITY NAME (H not institution, give	1				OR LOCATION OF DI			9c. COUN	ITY OF D	EATN
10a. STATE 10b. COUN	πY			TOWN OR LOCAT		5.16				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			121-		n d 17	V				1 YES 2 NO
113 N. Ellwoo	. I Aux			101	2/224	1			ZEN OF W	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	NT EVER IN U.S. ARM 1 YES 2 PMC		If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxics 2 NO Specifi	NIC ORIGIN an, Puerto I			14. RACE	— American Indian, t, White, etc.
	HICATION	160 DEC	EDENT'S IN	NIAL OCCUPATION	NA .	461	VIND OF BUIL	DINESS (IND.	LICTON	WhITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  College (1-4 or 5+)					during most of working				1 P
17. FATNER'S NAME (First, Middle, Last)			018	RA	18. MOTHER'S NA				1-1	
MICHAEL					MARY				HI	2
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street a						
Joseph Roben	ts TR.				nd Number or Rural					
20a. METNOD OF DISPOSITION 1	moval from State	cemetery, crem		DISPOSITION (Na r place)	me of	DAT	E 20c. LO	CATION (	City or To	wn, Stata
21. SIGNATURE OF FUNERAL SERVICE L		Ali:		B D	ADDRESS OF FA	SHI	ASON	FUR	100	DIHOUE
23. PART I. Enter the diseases, pr shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	. List only one car	nt caused the dea use on each line.			de of dying, aud	th as care	flac or reapi			Approximata Interval Betwe Onset and Dec
resulting in death)		O (OR AS A CONSEOL		110	PRO	21/	11 -		عر	3 7 %
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSEQU	UENCE OF):							
CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. DUE TO	O (OR AS A CONSEOU	UENCE OF):							
PART N. Other aignificant condition	one contribution to	death but not m	eultine in	the residentials	and alma to	Deat I			1 200	
PART II. Other arginicant conduct	ma contributing to	death but not re	sunng in	the underlying	g cause given in	Part I.	24a, WAS AN PERFOR	RMED?	246.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
										1 NES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. Pt	ACE OF DEATH (C)	neck only on	e)			
EXAMINER?	HOSPITAL:	☐ ER/Outpetlant 3 [		OTHER:	e 5 Healdenca	6 Othe	r (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending		F INJURY Day, Year)	28b. TIME (	OF 28c. INJ		-	CRIBE HOW I	NJURY OCC	URED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28s. PLACE (	OF INJURY — At hom, etc. (Specify)	ie, Jarm, str				ATION (Street a or Town, State)		or Rural F	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PNY 2 MEDICAL EXAMIR										) and manner as stated.
29b. SIGNATURE AND SHTLE OF CERTIFI		Po			29c, LICENSE NU		/	29d. DATE	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W									- 60 -	ST 9, 199.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Morith, Dey, Year)
AUG 0 9 1993

32. REGISTRAR'S SIGNATURE

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Sennett, Carrie B. 3:30 AN 1993 AUGUST 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year 1 🗌 M 2 🖵 F DAYS HOURS 216-18-7554 YRS. 87 01-19-06 Baltimore Pages 1. 2. 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital City Baltimore RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore City 1 YES 2 NO detached for use as the burial-transit permit. FUNERAL 10s, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3812 Elkader Road 21218 USA retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Maxican, Puerto Ri 1 ☐ YES 2 ☐ NO Specify: IF YES, GIVE WAR OR DATES B Specify: **⊉** Widowed 4 □ Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 9 yrs. Homemakert in ed Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F XXXXXX Charles Edward Knight Maxwax Belle Lounge Strand BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ann M. Rennie 3813 Elkader Road, Baltimore, Maryland 21218 24 hours after death. Page 6 may be page pe 20a. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must funeral director, Gardens of Faith August 11, 1993 Baltimore, Maryland 4 Donation 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home John G. Reitz (M-00804) 6500 York Rd. Baltimore, Maryland 21212 completely filled in by the rial, cremation. or removal. 23. PART I. Enter the disesses, or complications that caused the death. Do not enter tha mode of dying, such as cardiec or respiratory errest, shock, or heert failure. Liet only one ceuse on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disesse or condition the intracerebral vascular hemorrhage 12 hs within event. resulting in death) executed prior to burial, traumatic CERTIFICATION the attending physician and i Mental Hygiene prior to bur Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the death Injury. PART ii. Other eignificent conditions contributing to death but not recuiting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS been signed by the MAIL ARLE PRIOR TO NOVUE any 1 - YES 2 NO requires Shows s certificate has been si th the State Dept. of He 1 YES 2 1 NO PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) PHYSICIAN: 1 X Inpatient 2 - ER/Outpatient 3 - DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT N/4 26d. DESCRIBE HOW INJURY OCCURED with Is marked, this 1 X Natural 5 Pending Investigation 1 YES 2 NO 8 After 2 Accident OR ATTENDING 28e. PLACE OF INJURY - At home. 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined DIRECTOR: A hours after d COMPLETED 4 Homicide NA 29a. CERTIFIER (Check ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and piece, end due to the ceuse(a) and manner ea stated. FUNERAL E within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 2 \_\_\_ MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) \* UNION MEMory at Hospital Balt. MD. August 8-1993 2 William Dardo 7173 Peace Chimes of Calumbia MD. 21045 July Jandan Mandelle



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR	STATE OF MARYLAN	NN / NEPARTI	MENT OF I	HEAITH AND	MENTAL HYGIEN	93	22992
	REGISTRAR	OTALE OF MATTER	CERTIFIC			REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) PAUL Dougle	las	ST	ALNAK	ER	2. DATE OF DEATH MONTH D	3 93	3. TIME OF DEATH 9:03 A M
			yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	L a puny	HPLACE (State or Foreign
	II LUTLICITUMILI	X□ M 2 □ F 43	YRS.	DAYS DAYS	OR LOCATION OF D	(Month, Day, 194)		aryland
R		FACILITY NAME (if not institution, give street and number)  EAR OF 1.200 DUNDALK AVENUE				EATH	9c. COUNTY OF	
CTC	RESIDENCE OF DECEDENT	DALK HVENUE		DALK		BALI	IMORE	
DIRECTOR	Maryland	106. COUNTY  Baltimore  10c. CITY, TOWN				rdalk		10d. INSIDE CITY LIMITS?  1  YES 2 NO
	10s. STREET AND NUMBER			10	1. ZIP CODE	Lagran	10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	6910 Fenway Road					1222		ted States
	1 Never Married 2 Married	FORCES? 1 YES	· Q	If yes, sp	CENDENT OF HISPA Secify Cuban, Maxico 3 2 X NO Special	NIC ORIGIN? (Specify Ya an, Puarto Rican, etc.)	Blac	CE — American Indian, ck, White, atc.
D BY		Marine Corps	, Vietnam			y.	Spe	white
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	10N npleted) College (1-4 or 5+)	6e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during me	ON ost of working	16b. KIND OF BU	SINESS/INDUSTRY	
MPL	12th Grade		Machi	re Oper	rator	Manu	hactorino	7
	17. FATHER'S NAME (First, Middle, Last)				1	AME (First, Middle, Maiden	Sumame)	
) BE	J. Paul Stalnaker  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street a		Rennett  Route Number, City or Tow	yn. State. Zip Code)	10070
5	Ms. Beverly Stalnaker 55 Central Ave. P.O. Box 397 Ocean View Del.							
	20s. METHOD OF DISPOSITION  1							
	4 Donation 5 Other (Specify)  21. SIONATURE OF FUNERAL SERVICE LICENS	SEE	cop se	22. NAME A	ND ADDRESS OF FA	CILITY	uson, Mar	
	· ( had h	tas		Duda-	Ruck Fur	reral Home 2. Dundal	of Dunda	ulk, Inc.
	23. PART I. Entar the diseases, or com ahock, or heart fellure. List	plications that caused of	ne daeth. Do not	antar the mo	ode of dying, suc	h as cardiac or resp	Iratory arreat,	Approximata
	IMMEDIATE CAUSE (Finel disease or condition	FA	( Ilvà					Intarval Between Onset and Death
	resulting in death) a	QUE TO (OR AS A CO	HEQUENCE OF:	-Y				-
2	Sequentially list conditions,	Chron	R A	took	slism			ĺ
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CO	ONSEQUENCE OF):					
E I	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):					
CER	resulting in death) LAST							
	PART II. Other significant conditions of	ontributing to deeth but	not resulting in t	ha underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL						YES 2	P □ NO	COMPLETION DF CAUSE OF DEATH?
Σ								YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Ch	eck only one)		
14.SI		☐ Inpatient 2 ☐ ER/Outpatie  26a. DATE OF INJURY				6 (XOther (Specify) R		KING LOT
BY P	Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	Wo	VES 2 NO	26d. DESCRIBE HOW I	NJURY OCCURED	
100	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, atree	nt, factory, offic	•	28f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge on the best of examination are	ge, death occurred a nd/or investigation, is	t the time, date n my opinion, d	and plece, and due eath occured at the	to the cause(a) and mer time, date and place, an	nner se stated, id due to the causel	e) and manner as stated.
BE CC	286. SIGNATURE AND TITLE OF CERTIFIER	1	^		29c. LICENSE NUI	MBER		(Month, Day, Year)
TO B	(O.C.M.E. ► 08/03/1993							

Penn Street, Baltimore, Maryland

DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	G PHYSICIAN:
VISION	ATTENDING F
5	DR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 1993 August 7, Hildreth Williamson Talbott 4:45 A. 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign 1 🗌 M 2 💢 🗡 HOURS 219-22-5483 June 20, 1906 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holly Hill Nursing Home Stoneleigh Baltimore County RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3838 Roland Avenue 21211 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR DR OATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ВУ 1 YES 2 1 NO Specify: 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 8 vrs. Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) F Harland Webb How Lillian Tinsley notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7102 Oxford Rd. Baltimore, Maryland 21212 Jeanette Talbott Smyth 9 20s. METNOD OF DISPOSITION
1 ☐ Burlal 2 🔀 Cremetion 3 ☐ Ramoval from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Green Mount Cemetery August 9, 1993 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home John G. Reitz 6500 York Rd. Baltimore, Maryland 21212 (M-00804) medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death A. DIRECTOR: After this certificate has been signed by the attending physician and completely file hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the disease or condition resulting in deeth) DUE TO (DR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEDUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 TYES 2 X ND 1 TES 2 ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) EXAMINER? OTHER:

HUMBERS Nome 5 Residence 8 Other (Specify) HOSPITAL: Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND В 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide H 29a. CERTIFIER
(Chack only 1 💥 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL
TO THE FUNERAL I
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: Do the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIDNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2

Jr. 4300 N. Charles St. Apt. 11G Baltimore, MD. 21218

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Rgint)

12. REGISTRAR'S SIGNATURE

relia Davidson

Norman R. Freeman,

AUG 09 1993



until des gestate de production de production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la production de la productin de la production de la production de la production de la produc

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BALTIMORE, MARYLAND 21215-0020

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IMPORTANT: It

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Gurney Terrell DAY YEAR 8 1993 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. Aonth, Day, Year) 9-25-1929 239-36-1848 1 X M 2 | F 63 YRS North Caroli 9e. FACILITY NAME (# not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Francis Scott Key FUNERAL DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 7710 Beekay Rd 21219 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WITH OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuben, Maxicon, Puerlo Rican, etc.) 14. RACE — American Indian, Black, White, atc. Never Married 2 Morried 1 TYES 2 NO Specify BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 th Truck Driver 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surneme) Lonnie Leroy Terrell Berta E. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5 Mary Ε. Terrell 7710 Beekay Ad Balt. Md 21219 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1X Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Holly Hill Mem Park 8/9 Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Connelly Funeral Home of Dundalk 7110 Sollers Pt Rd. 21222 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarvai Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ Ventricular resulting in death) tachycarou yrs DUE TO (OR AS A CONSEQUENCE OF) DIE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events QUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TES 2 NO OF DEATH? 1 □ YES 2 □ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO 26. PLACE OF OEATN (Check only one) HOSPITAL: 1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA OTHER: ng Nome 5 - Residence 8 - Other (Specify) 4 - Nurs 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, tactory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined ETED 4 Nomicide COMPL 12 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(e) and menner se attend 2 MEDICAL EXAMINER: On the bitele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated. 286. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 8 8 D34343 93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21218

MD

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UNIV PKWY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SUITE 50

1. DECEDENT'S NAME (First, Middle, Last)

JAMES
4. SOCIAL SECURITY NUMBER

1	-	FOR STATE REGISTRAR

ITEM: 8. PER F.H. film g-702 8/24/93

5. SEX

	MARYLAND / DEPAR CERTIF			MENTAL HYGIENE 9 3	2	2995
S,	T	HOMAS		2. DATE OF DEATH DAY 199	3 YEAR	3. TIME OF DEATH 11:12 A
s. SEX	8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTI	HPLACE (State or Foreign

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf

	220-29-793		. X	LL	rna.					ary 5,			e, Washingt
œ	9n. FACILITY NAME (# no	t institution, give :	street and number)				WN OR LOCA		EATH			OF DEAT	
DIRECTOR	1103 BOA	RDWAL!	K			OCEA	N CI	ΙΥ			WOR	CEST	ER
Į,	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	OCATION					10	d. INSIDE CITY
	Virginia	Princ	e William		Woo	dbridg	ge					1	LIMITS?
	10e. STREET AND NUMBE	ER					101. ZIP C	ODE			10g. CITIZE	EN OF WHA	T COUNTRY?
	2204 Grundy	y Road					2219	91			U.S.	A.	
	11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 D		12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2		If y	DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECENDEN DECEND	rben, Mexica	in, Puerto R	? (Specify Yellican, etc.)		4. RACE — Black, W Specify: Cauca	American Indian, //hite, atc.
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COMPLE	Elementary/Secondary	- 1	College (1-4 or 5 +)	, i	ile. Do NOT us	e retired.)	ng most or wo	rang					
	12			I	Deputy	Sheri	ff		La	aw Enf	orcem	ent	
3	17. FATHER'S NAME (First	, Middle, Last)					18, M	OTHER'S NA	ME (First, N	Aiddle, Maiden	Surname)		
u l	William R.						Pa	tricia	Fabia	an			
2	19a. INFORMANT'S NAME	E (Type/Print)		1	19b. MAILING	ADDRESS (S	treet and Num	ber or Rural	Route Numb	er, City or Tow	rn, State, Zip C	Code)	
	William R.			2	222 F	ve Poi	nt Dri	ve, Ta	albott	, TN	37877		
	20a METHOD OF DISPOS 1 X Buriel 2 Creme 4 Donation 6 Ott	her (Specify)				ther place).	l Park		17-131-1	93 Fai	rfax, \		
	21. SIGNATURE OF FUNE			/		MO MO	WE AND ADD UNICAS	tle Fi	unera	1 Home	e		
	13. Ca	wh NIO	untrast	e		414	3 Dale	e Blvd	Da	le City	, Va.	22193	
CERTIFICATION	Sequentially list conditions, leading to impresses. Enter UNDERICAUSE (Disease or intentional intentions) that initiated events resulting in death) L.	nediata LYING njury	c	R AS A CONS									
. 13	PART ii. Other signifi	icent condition	ns contributing to de	eeth but not	t resulting	in the unde	rlying caus	e given in	Part i.	24a. WAS AN PERFO	RMED?	AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE
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F	27. MANNER OF DEATH 1 Netural 5	Pending	1   Inpetient 2   E   28s. DATE OF IN (Month, Day,   0.7 - 2.8 -	HIDV	26b. TIM	E OF 28			284 DES	CDIDE HOW	N ILIBY OCC	CTED	GUN SHO
EU 61	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e, PLACE OF I	INJURY At I	ada ada s	street, factory	, office			ATION (Street or Town, State	and Number o	r Rumi Rout	WORCEST!
COMPLET	anni		SICIAN: To the best of m						to the cau	rse(s) and ma	nner as stated	1.	
TO BE CO	29b. SINNATURE AND TH	TLE OF CERTIFIE	e Shill	)				C.M.			29d. DATE ▶ 0 7	signed (M	1993
	30. NAME AND ADDRESS HOMOM	OF PERSON WI	KORELL	Mp. 1	11 P	Print) enn S	tree	t, Ba	alti	more,	Mar	ylan	d 2120
5	AUG 0 9	1993	932 REGISTRAR	S SIGNATURE	delle								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	
. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ained by the hospital or attending physician.	
OMECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	ping

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If them 28 is marked, or tiem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	FICATE (	OF DEATH	REG. NO		
33	1. DECEDENT'S NAME (First, Middle, Lest)	VOLK,					7 4	3. TIME OF DEATH
	219072206	1 M 2 🗆 F	GE (In yrs. lest birthde 76 YRS	MONTHS DA		7. DATE OF BIRTH (Month, Pay, Year)	17	IRTHPLACE (State or Foreign
ECTOR	9a. FACILITY NAME (If not institution, give a GOOD SAMARITAN HORESIDENCE OF DECEMENT			96. CITY, TO BALTI	MORE	EATH	9c. COUNTY C	OF DEATH
3EC	10e. STATE 10b. COUNT	Υ	10c. (	ITY, TOWN OR L	DCATION			10d. INSIDE CITY
L DIR	MARYLAND  100. STREET AND NUMBER		BA	LTIMORE				1 XYES 2 NO
FUNERAL	2704 WESTFIELD AV				21214		L	JSA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR	ES 2 NO	If ye	DECENDENT OF HISPAR I, specify Cuban, Mexica YES 2 X NO Specify			NACE — American Indien, Black, White, atc.
逆	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind	'S USUAL OCCU	PATION most of working	16b. KIND OF BUS	SINESS/INDUSTR	TY .
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	MACHI	use retired.)		BEDDI	NG	
	17. FATHER'S NAME (First, Middle, Last) GEORGE	VOL	К		18. MOTHER'S NA MARY	ME (First, Middle, Malden	Sumame) HEINZEL	MAN
BE	19a. INFORMANT'S NAME (Type/Print)			NG ADDRESS (St		Route Number, City or Town		
5	NELLIE H. VOLK		2704	WESTFI	ELD AVENUE	BALTIMORE	, MD. 2	21214
	20s. METHOD OF DISPOSITION  1) Buriel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF THE COMPONENT OF	ND"MEMO	RIAL	8/11/93 BA		
	21. SIGNATURE OF FUNERAL SERVICE LIN	JOHN E. [	DOLAN	22. NAW	EONARD J.	RUCK, INC.	TIMORE	, MD. 21214
	23. PART I. Enter the diseases, pr	complications that cau	sed the death. De					Approximata
	ehock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition reaulting in death)	List Dnly Dne cause Di	STAGE				•	interval Between Onset and Death
	reading in deatily	u	AS A CONSEQUENCE					
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE	OF):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR A	AS A CONSEQUENCE	OF);				
CE	PART is Other significant condition	d						
DICAL	PART II. Other significent condition	e contributing to deet	h but not recuitin	g in the under	ying ceuse given in	Part i. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
K: ME						_		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			B. PLACE OF DEATH (Che	ack only one)		
YSI	1 TES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)		
ву рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUS (Month, Day, Yea	RY 286. T	NJURY	INJURY AT WORK?	28d. DESCRIBE HOW II	VJURY OCCURED	
	3 Suicide 8 Could not be datermined	28s. PLACE OF INJU building, stc. (S	URY — At home, fern Specify)	, street, factory,	office	28t. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,
COMPLETED		ICIAN: To the best of my kr						
- 11	296. SIGNATURE AND TITLE OF CERTIFIES		ation and/or investiga	tion, in my opinic	29c. LICENSE NUM			NED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLES OF	N ATTH ATTH AT A	ND.	u u	n 1	▶ Ø	8 07 93
	JAMES APPHAT	1-PIPPIM	9000		RITAN H	000 925	Lactik	AVEN BULD
5	AUG 0 9 1993	John Deviden	- Phylose					

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	DR A	DIREC	HOURS	Hem
	PITAL	ERAL	12 U	T. H.
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22997

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH AND CATE OF DEATH	MENTAL	HYGIENE J J	66331
	Nillia		Wilso	n	2. DATE OF MONTH	DAY	YEAR OF DEATH
	SOCIAL SECURITY NUMBER  216-12-7057  DE FACILITY NAME (If not institution, give	10 Made	(In yrs. lest birthday) YRS.	FUNDER 1 YEAR IF UNDER 24 HRS.  INTHS DAYS HOURS MIN.  D. CITY, TOWN OR LOCATION OF	7. DATE OF (Month, L	BIRTH 8 Day, Year) 1-12	S . C .  Y OF DEATH
TO L	1612 N. Ros	edale St.		Balto			
	IOe. STATE 10b. COUNT			OWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MD  Oo. STREET AND NUMBER		Bal	101, ZIP CODE		10g. CITIZE	1 🔀 YES 2 🗌 NO
E   1	1612 N. Roseda  MARITAL STATUS  Never Married 2 Merried  Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	23.216  13. WAS DECEMBENT OF HISP If yes, specify Cuben, Max 1  YES 2 X NO Spe	can, Puerto Ric	Specify Yes or No- 14	J.S.A.  4. RACE — American Indian, Black, White, atc.  Specify: Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of wor life. Do NOT use i	done during most of working	18b. K	IND OF BUSINESS/INDUS	
	7. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Mid	die, Maiden Surname)	
H -	90. INFORMANT'S NAME (Type/Print)	3-	19b. MAILING A	DRESS (Street end Number or Run		Spann City or Town, State, Zip Co	ode)
٤		wman	3103	Presbury S	t. Ba	lto, Md 2	21216
1	ton. METHOD OF DISPOSITION    Wearlel 2   Cremation 3   Rem    Donation 5   Other (Specify)		b. PLACE AND DATE OF metery, cremetory or othe Arbutus	place)	OATE	20c. LOCATION — CH	
	A. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Oans	Arontus	22. NAME AND ADDRESS OF	FACILITY	10179	
	23. PART I. Enter the diseasea, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. METASTA	each line.	enter the mode of dying, and	ich aa cerdle	c or respiratory arres	Approximata Interval Betwee
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b DUE TO (OR AS	A CONSEQUENCE OF):				
<b>5</b> 1 1	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
MEDICAL	PART II. Other algnificant condition	na contributing to death	but not resulting in	the underlying cause given		4a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (	Check only one)		1
ה ב ב	1 TYES 2 NO	1 Inpetient 2 ER/Out			e 8 Other (	Specify) PIBE HOW INJURY OCCU	950
2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, War)	NA		N/	A	NE D
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home form, atro	et, factory, office	281. LOCAT City or	ION (Street end Number or Town, State)	Rural Route Number,
COMPLEIED				at the lime, date end place, end d in my opinion, death occured at t			
2 PE	96. SIGNATURE AND TYTLE OF CERTIFIE	Houn 1	M.N.	29c. LICENSE N	UMBER 195	29d. DATE 5	SIGNEO (Month, Day, Year)
0	MELVAJ. YBROW	HO COMPLETED CAUSE/OF DI	3100 WYM	PANPK. DR.	BALT	IMORE, MI	2.2/211
] 3	AUG 0 9 1993	32. REGISTRAR'S SIG	Administra			/_	

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T	tem4 8-12-93 FilmG/02 W.H. Per F/H
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 22998  CERTIFICATE OF DEATH REG. NO.
ž	1. DECEDENT'S NAME (First, Middle, List)  Welvito, Kenneth Jay 43  2. DATE OF DEATH MONTH 7:33 AM M
	4. SOCIAL SECURITY 1584 5. SEX. 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH  224-22-1654 1 M 2 F 66 YRS. MONTHS DAYS HOURS MIN. 9/7/26  8. BIRTHPLACE (State or Foreign Country) P
TOR	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  87. COUNTY OF DEATH  88. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LABITS?
FUNERAL	100. STREET AND NUMBER  100. STREET AND NUMBER  101. ZIP CODE  102. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  105. A.
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced  12. Was OECEDEN FR IN U.S. ARMED FORCES? YES 2 NO If yes, specify Or DATES  13. WAS OECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Or Dates, Mexicen, Puerto Rican, etc.)  14. RACE — American Indian, Black, While, etc. Specify:  Specify:  15. Was OECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes or No— If yes, specify Origin? (Specify Yes)
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY
ш	17. EATHER'S NAME (First, Middle, Lest)  16. MOTHER'S NAME (First, Middle, Melden Surreme)
TO B	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Routy Number, City or Town, State, Zip Opto)  Virginia Webster 100 N. Lakewad the Balto, MD 21213
	200 METHOD OF DISPOSITION    Burlel 2   Cremation 3   Removal from State   4   Donestion 5   Other (Specify)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  West  4300 Lyabash Aug.
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Onset and Death  Due to for As A conscording of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. JUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
MEDICA	PERFORMED?  1 YES 2 NO  AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL FXAMINER? 26. PLACE OF OEATH (Check only one)
S	1   YES 2   NO   NO   NO   NO   NO   NO   NO
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. OESCRIBE HOW INJURY OCCURED
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner se stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) end menner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  Linus of Mayland Renders  8/4/63
17	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typic Print).

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3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

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2. DATE OF OEATH

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4. SOCIAL SECURITY NUMBER

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7. DATE OF BIRTH (Month, Day, Year) Dec. 8, 215-05-4193 1 🛛 M 2 🗆 F 91 YRS. 1901 Germany 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Medical FUNERAL DIRECTOR Libertu Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 X YES 2 NO page 5 should be detached for use as the burial-transit permit. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7102 Harford Road 21234 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 2 X NO ВҰ 1 TES 2 NO Specify: 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 12 Printer 17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surname) (Not Known) notified at Wissman Wilhmena BE (Not Known) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lydia M. Wissman 7102 Harford Road Baltimore, Md. 21234 pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Burial 2 Cremation 3 Re
Donation 5 Other (Specify) must by the funeral director, emoval. Moreland Memorial 8/10/93 Baltimore Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Milton Knight Jr Baltimore, Md. 21214 Leonard J. Ruck, Inc. 5305 Harford Road medical 23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory streat, shock, or heart failure. List only one cause on each line. Approximata Interval Between 5 IMMEDIATE CAUSE (Final Onset and Death completely fifter rial, cremation, the disesse or condition Overwhelming resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): attending physician and con mal Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events certificate other t DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST peraly cemia 6 death certificate has been signed by the attern the State Dept. of Health and Mental 23 shows any Injury, MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: MB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item ? The 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO PHYSICIAN: 4 - Nursing Ho ne 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) this c 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netural L DIRECTOR: After thi hours after death w I Item 28 is mark 1 YES 2 NO BY 2 Accident HOSPITAL OR ATTENDING 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL Within 72 I MPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 표분 House of 815193 lder my D38993 23 2 , S greene Street Ballimore Myzizoi 22 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) AUG 0 9 1993

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a clours after death. Page 6 may be retained by the hospital or attending phy

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

GCEDENT EVER IN U.S.  TO YES 2  GIVE WAR OR DATES  1 U S 1  16a.  4 or 5+)  10a.	ARMED 10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. CITY,  10c. 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INSIDE CITY LIMITS?  1% YES 2 \( \) NO  N OF WHAT COUNTRY?  Lited States  RACE - American Indian, Black, While, etc.  Specify:  White  TRY  218 Corp.  de)  yland 21214  ror Town, State  Mills, MD  rdalk, Inc.  yland 21222
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ATE OF INJURY	26b. TIME	OF 28c. II	JURY AT		INJURY OCCUR	RED
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INJURY TOWN, Street  City or Town, Street  best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and males of examination and/or investigation, in my opinion, death occurred at the time, data and place, at 29c. LICENSE NUMBER  29c. LICENSE NUMBER	AL:  and 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence e Other (Specify)  ATE OF INJURY  Are Of INJURY 28b. TIME OF INJURY AT WORK?  1 YES 2 NO  LACE OF INJURY — At home, ferm, street, tectory, office  Dest of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated, as of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29c. LICENSE NUMBER  29d. DATE S

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